


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90027 037 \*\*\*150.00

<b>DOCUMENT # J90412</b> 1. Entity Name <b>KLEMPNER AND ASSOCIATES, M.D., P.A.</b>					
Principal Place of Business <b>% LEV B. KLEMPNER, M.D.</b> <b>POST OFFICE BOX 9723</b> <b>BRADENTON, FL 34206</b>			Mailing Address <b>% LEV B. KLEMPNER, M.D.</b> <b>POST OFFICE BOX 9723</b> <b>BRADENTON, FL 34206</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KLEMPNER, LEV B.</b> <b>MANATEE MEMORIAL HOSPITAL</b> <b>206 SECOND ST. E.</b> <b>BRADENTON, FL 34208</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code       </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEMPNER, LEV B.		NAME		
STREET ADDRESS	206 SECOND STREET EAST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKARULIS, GREGORY MD		NAME		
STREET ADDRESS	747 HILLCREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAUNDERS, MAURICE MD		NAME		
STREET ADDRESS	210 3RD ST WEST #2303		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Farrell, Thomas MD		NAME		
STREET ADDRESS	PO Box 1204		STREET ADDRESS		
CITY-ST-ZIP	Anna Maria FL 34216		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> <i>Lev Klemper, MD</i>			Date: <i>3/14/05</i> Daytime Phone #: <i>941-745-7311</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					