

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J90412

FILED
Jan 10, 2006
Secretary of State

Entity Name: KLEMPNER AND ASSOCIATES, M.D., P.A.

Current Principal Place of Business:

% LEV B. KLEMPNER, M.D.
POST OFFICE BOX 9723
BRADENTON, FL 34206

New Principal Place of Business:

LEV B. KLEMPNER, M.D.
715 KEY ROYAL DR.
HOLMES BEACH, FL 34217

Current Mailing Address:

% LEV B. KLEMPNER, M.D.
POST OFFICE BOX 9723
BRADENTON, FL 34206

New Mailing Address:

LEV B. KLEMPNER, M.D.
715 KEY ROYAL DR.
HOLMES BEACH, FL 34217

FEI Number: 59-2840650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEMPNER, LEV B.
MANATEE MEMORIAL HOSPITAL
206 SECOND ST. E.
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

KLEMPNER, LEV B M.D.
715 KEY ROYAL DR.
HOLMES BEACH, FL 34217 US

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.

SIGNATURE: LEV B. KLEMPNER

01/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KLEMPNER, LEV B.
Address: 206 SECOND STREET EAST
City-St-Zip: BRADENTON, FL 34208

Title: V (X) Delete
Name: SKARULIS, GREGORY MD
Address: 747 HILLCREST DRIVE
City-St-Zip: BRADENTON, FL 34209

Title: V (X) Delete
Name: SAUNDERS, MAURICE MD
Address: 210 3RD ST WEST #2303
City-St-Zip: BRADENTON, FL 34205

Title: V (X) Delete
Name: FARRELL MD, THOMAS
Address: P O BOX 1204
City-St-Zip: ANNA MARIA, FL 34216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KLEMPNER, LEV B DR.
Address: 715 KEY ROYAL DR.
City-St-Zip: HOLMES BEACH, FL 34217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEV B. KLEMPNER, M.D.

P

01/10/2006

Electronic Signature of Signing Officer or Director

Date