2008 FOR PROFIT CORPORATION

FILED Apr 14, 2008 08:00 A State

| | ANNUAL | REPORT | | | 7 1 P | Saguata | |
|---|--|---|----------------------------|---------------------------|---|---------------------------|-------------------------------|
| 1. Entity Nam | MENT # K14672 M. KAPLAN, D.P.M., P.A. | | | | | Secreta | iry oi S |
| | | | | | | | |
| Principal Place 4202 W. WAT TAMPA, FL 3 | TERS AVENUE.,#6 | Mailing Address 4202 W. WATERS AVENUE.,#6 TAMPA, FL 33612 US | | | 9 11 81818 8 914 (8818 178) | Birin Biri sirni sirni di | |
| 6 | | | Light . | 04022008 | No Chg-P | CR2E034 (11/ | |
| D | O NOT WRITE | IN THIS SPA | CE | 4. FEI Number 59-2870 | <u> </u> | | Applied For Not Applicable |
| · · · · · · · · · · · · · · · · · · · | | | | 5. Certificate of | Status Desired | □ \$8.75 Fee Re | Additional quired |
| KAPLAN, S 4202 W. W TAMPA, F | /ATERS AVENUE.,#6 | gistered Agent | | | NOT W HIS SP | cici a e si | |
| | named entity submits this statement for tions of registered agent. | he purpose of changing its register | ed office or register | red agent, or both, | in the State of Flor | rida. I am familiar | with, and accept |
| SIGNATURE | Signature, typed or printed name of reglatered agent and | s title if applicable (NOTE, Registere | d Agent signature required | d when reinstating) | | DATE | |
| FILE NOWIII FEE IS \$150.00 | | 9. Election Campaign Finar Trust Fund Contribution. Trust Fund Contribution. | | .00 May Be led to Fees | | | ! |
| 10. | OFFICERS AND D | RECTORS | | | | 5 - 5 Table 5 | , 6 F. |
| ATITLE NAME STREET ADDRESS CITY-ST-ZIP | PMD KAPLAN, STANLEY M 4202 W. WATERS AVENUE.,#6 TAMPA, FL 33612 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | ~~~~ |)0895421 }-80068-01 | 0 150.00 |
| TITLE NAME STREET ADDRESS | | | 6. | ו סמ | NOT W | RITE | |
| TITLE NAME STREET ADDRESS | | | | | HIS SP | | |
| TITLE NAME STREET ADDRESS | | | | | | | |
| TITLE | | 10 3 CH (2004) 10 CH | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report in Trugend accurate and that my signature shall have the same legal effect as if made under early; 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.

SIGNATURE:

STREET ADDRESS

. CITY-ST-ZIP....

TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3 8875511

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