
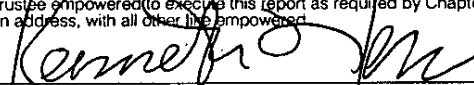


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90082 003 \*\*\*550.00

<b>DOCUMENT # P01000083728</b> 1. Entity Name <b>KENNETH NESS, MD, P.A.</b>			
Principal Place of Business <b>2617 NORTH FLAGLER DRIVE SUITE 203 WEST PALM BEACH, FL 33407</b>		Mailing Address <b>P.O BOX 31718 PALM BEACH GARDENS, FL 33420-1718</b>	
2. Principal Place of Business <b>1411 N. Flagler Drive</b> Suite, Apt. #, etc. <b>Suite 7500</b>		3. Mailing Address <b>1411 N. Flagler Drive</b> Suite, Apt. #, etc. <b>Suite 7500</b>	
City & State <b>W. Palm Beach, FL</b> Zip <b>33401</b>		City & State <b>W. Palm Beach, FL</b> Zip <b>33401</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1139709</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NESS, KENNETH 15142 70TH TRAIL NORTH PALM BEACH GARDENS, FL 33418</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>NESS, KENNETH 15142 70TH TRAIL NORTH PALM BEACH GARDENS, FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 line empowered.			
<b>SIGNATURE:</b> 		<b>524.06</b> Date Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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05042006 Chg-P CR2E034 (11/05)