


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

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|--|---|
| DOCUMENT # P01000090095 1. Entity Name KENNETH HERSKOWITZ, M.D., P.A. |  |
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|---|---|
| Principal Place of Business 1625 SE 3RD AVE., SUITE 300 FORT LAUDERDALE, FL 33316 | Mailing Address 1625 SE 3RD AVE., SUITE 300 FORT LAUDERDALE, FL 33316 |
|---|---|

DO NOT WRITE IN THIS SPACE



03082006 No Chg-P CR2ED34 (11/05)

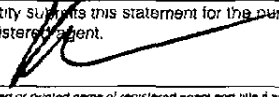
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|---|--------------------------------|
| 4. FEI Number 65-1139562 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HERSKOWITZ, KENNETH
1625 SE 3RD AVE., SUITE 300
FORT LAUDERDALE, FL 33316

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IN THIS SPACE**

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:  DATE: 3-16-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

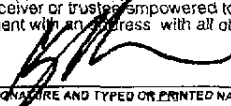
10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS HERSKOWITZ, KENNETH 1625 SE 3RD AVE., SUITE 300 FORT LAUDERDALE, FL 33316 |
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04/04/06-80010-011 150.00

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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 like empowered.

SIGNATURE:  DATE: 3-16-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR