

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90010 001 ***150.00

DOCUMENT # P03000129820																																																																																																																			
1. Entity Name DR. KENNETH R. SYNDER, MD P.A. <i>Dr Kenneth R Snyder MD PA</i>																																																																																																																			
Principal Place of Business 8000 RON BEATTY BLVD. STE. B1 SEBASTIAN, FL 32976			Mailing Address 8000 RON BEATTY BLVD. STE. B1 SEBASTIAN, FL 32976																																																																																																																
2. Principal Place of Business <i>8000 Ron Beatty Blvd</i> Suite, Apt. #, etc. <i>Suite B2 Blvd</i>		3. Mailing Address <i>8000 Ron Beatty Blvd</i> Suite, Apt. #, etc. <i>Suite B2</i>																																																																																																																	
City & State <i>Barfoot Bay</i> Zip <i>FL</i> Country <i>32976</i>		City & State <i>Barfoot Bay FL</i> Zip <i>32976</i> Country <i>USA</i>		01192006 Chg-P CR2E034 (11/05)																																																																																																															
4. FEI Number 20-0385698				Applied For <input type="checkbox"/> Not Applicable																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SNYDER, KENNETH R 8000 RON BEATTY BLVD. STE. B1 SEBASTIAN, FL 32976 <i>Snyder, Kenneth R 8000 Ron Beatty Suite B2 Barfoot Bay FL 32976</i>																																																																																																															
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 <i>Kenneth R Snyder</i> <i>correcting mistakes 3/7/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																															
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																																																																																																															
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">P</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SNYDER, KENNETH R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8000 RON BEATTY BLVD., STE. 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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: <i>K Snyder MD</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>3/7/06</i> Daytime Phone # <i>772 664 9926</i>																																																																																																															