2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # P04000045143 1. Entity Name NATHANIEL A. KELLER, M.D., P.A.							04-26-2006 9	90220 03	6 ***150).00
Principal Place of Business 120 SOUTH UNIVERSITY DR., SUITE D PLANTATION, FL 33324 Mailing Address 120 SOUTH UNIVERSITY DR., SUITE D PLANTATION, FL 33324				UITE D		1 1 201123 1 111	29111 4121 12111 ABIN BEN	4 68111 81381 AM	(5 149 1) 0 10 00 411	(1 48) (1 1 48)
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04192006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State				4. FEI Numbe			-	plied For
Zip	Country	Zip	Countr		20-081796 5. Certificate of Sta				8.75 Add	
	6. Name and Address of Curren	t Registered Agent				7. Name and	Address of New R		 -	
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KELLER, NATHANIEL A 3300 NE 192ND ST., APT. 514 AVENTURA, FL 33180				Street Address (P. 2-Box Nymber is Norsaeceptatre) /						
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				city for Landerdale FL 303312						12
	named entity submits this statement fi ions of registered agent.	for the purpose of changing its	s registere	ed office or re	registere	d agent, or bot	h, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NO)	fE: Registere	d Agent signature	e required w	hen reinstating)	4/3	24/06 DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribut										
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		.00 Trust Fund Con				to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
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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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/24/06 954 792 6772