


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90109 044 ***150.00

DOCUMENT # P04000100556 1. Entity Name HAROLD E. KAPLAN, M.H.A., J.D., P.A.																													
Principal Place of Business 1515 UNIVERSITY DR STE 214 CORAL SPRINGS, FL 33071			Mailing Address 1515 UNIVERSITY DR STE 214 CORAL SPRINGS, FL 33071																										
2. Principal Place of Business Suite, Apt. #, etc. Suite 203		3. Mailing Address Suite, Apt. #, etc. Suite 203		01042005 Chg-P CR2E034 (10/03)																									
City & State 		City & State 		4. FEI Number 74 3126527																									
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KAPLAN, M.H.A., J.D., HAROLD E 1515 UNIVERSITY DR STE 214 CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 203 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 <u><i>Harold E. Kaplan</i></u> DATE <u><i>1/10/05</i></u> <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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Harold E. Kaplan</i></u> DATE <u><i>1/10/05</i></u> DAYTIME PHONE # <u><i>954-345-6338</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													