2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000012817 1. Entity Name KEVIN J. DESANTIS, M.D., P.A.					Sec	cretar	y of State
1612 CASEY	Principal Place of Business 1612 CASEY KEY DR. PUNTA GORDA, FL 33950 US Mailing Address 1612 CASEY KEY DR. PUNTA GORDA, FL 33950		US		dirin irinda marta maraa malife	TAINE RAIN FIRMA I	AURI (fibil) (bahinan) fi 500.
			Processor of the state of the s	01122005 No Chg-P CR2E034 (10/03)			
D	O NOT WRITE	E IN THIS SPA	CE	4. FEI Number 65-0379			Applied For Not Applicable
	6. Name and Address of Currer	It Registered Agent		5. Certificate of	Status Desired		.75 Additional Required
1625 HEN STE. 201	IN, SCOTT W DRY STREET S, FL 33901		DO NOT WRITE IN THIS SPACE				
8. The above		for the purpose of changing its registe	ered office or register				fliar with, and accept
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE							
FiL After M	E NOW!!! FEE IS \$150,00 ny 1, 2005 Fee will be \$550	9. Election Campaign Fin Trust Fund Contribution		.00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN DP DESANTIS, KEVIN J 1612 CASEY KEY DR. PUNTA GORDA, FL	D DIRECTORS			Ungo: 01/13/03	018191 -80007	(003 150, 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, 15k	. (क के स्टब्स्ट्रॉड्स्ट्रिट पर	es to	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	New York	31					
 I hereby of indicated of the corchanged, 	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	ith this filing does not qualify for the existrue and faccurate and that my sign powered to execute this report as required to execute this report as required all other like empowered.	emption stated in Se lature shall have the s ulred by Chapter 607	ction 119.07(3)(i), same legal effect a , Florida Statutes;	Florida Statutes. If as if made under oa and that my name	urther certify I th; that I am a appears in Bl	hat the information in officer or director ock 10 or Block 11 if