

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90558 034 ***150.00

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DOCUMENT # P93000021855 1. Entity Name GORDON J. KLEINPELL, DPM, P.A.			
Principal Place of Business 60 WESTMINSTER ST. NORTH SUITE A LEHIGH ACRES, FL 33936		Mailing Address 10584 QUINCY CT SUITE A LEHIGH ACRES, FL 33986 US	
2. Principal Place of Business 26800 S. Tamiami Tr.		3. Mailing Address 12848 Kedleston Cir	
Suite, Apt. #, etc. Tr.		Suite, Apt. #, etc.	
City & State Bonita Springs, FL		City & State Fort Myers, FL	
Zip 34134		Zip 33912	
Country		Country	
4. FEI Number 65-0399462		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 KLEINPELL, GORDON J 11381 BENT PINE DRIVE FT MYERS, FL 33913		7. Name and Address of New Registered Agent Name: Kleinpell, Gordon J. Street Address (P.O. Box Number is Not Acceptable): 12848 Kedleston Circle City: Fort Myers FL Zip Code: 33912	
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>Gordon J. Kleinpell</i> DATE: 4/7/05 <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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINPELL, GORDON J 11381 BENT PINE DRIVE FT MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kleinpell, Gordon J. 12848 Kedleston Circle Fort Myers, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the 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>Gordon J. Kleinpell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/7/05 Daytime Phone #: 239-872-2173	