2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000036151

1. Entity Name
BARRY J. KAPLAN, M.D., P.A. OF 1993

Principal Place of Business	Mailing Address
1901 SE 18TH AVE BLDG 101 OCALA, FL 34471	1901 SE 18TH AVE BLDG 101 OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

66019705

01252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3189793	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional. Fee Required

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6. Name and Address of Current Registered Agent

KAPLAN, BARRY J
1901 SE 18TH AVE, BLG 101
OCALA, FL 34471

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KAPLAN, BARRY J
STREET ADDRESS	1901 SE 18TH AVE BLDG 101
CITY-ST-ZIP	OCALA, FL 34471

TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____   4-31-05   352-622-3360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #