2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State
05-08-2007 90016 041 ***150.00

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1. Entity Name
S. JASON KAPNICK, M.D., P.A.

4010831U

Principal Place of Business	Mailing Address
1411 N. FLAGLER DR. SUITE 5000 WEST PALM BEACH, FL 33401	1411 N. FLAGLER DR. SUITE 5000 WEST PALM BEACH, FL 33401

04232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3345 BURNS RD	3345 Burns Road
Suite, Apt. #, etc.: 203	Suite, Apt. #, etc.: 203
City & State: Palm Bch Gdns, FL	City & State: Palm Bch Gardens, FL
Zip: 33410 Country: U.S.A.	Zip: 33410 Country: U.S.A

4. FEI Number: 65-0470593 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAPNICK, JASON S ~~1411 N. FLAGLER DR.~~ 335 Leeward Drive ~~SUITE 5000~~ ~~WEST PALM BEACH, FL 33401~~ Jupiter, FL 33477	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 KAPNICK, S. JASON M.D. 1411 N. FLAGLER DR., #5000 WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3345 Burns Road Suite 203 Palm Beach Gardens, FL 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: SJK 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #