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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 MAY 23 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04232007 Chg-P CR2E034 (12/06)

DOCUMENT # P94000016906

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

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

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

? Home Address? S Jason Kapnick
KAPNICK, JASON S
~~1411 N. FLAGLER DR.~~
~~SUITE 5000~~
~~WEST PALM BEACH, FL 33401~~
170 CELESTIAL WAY E-2 JUNO BCH FL 33408

7. Name and Address of New Registered Agent

Name: SAME-NOT NEW Reg Agent
Street Address (P.O. Box Number is Not Acceptable): 170 Celestial Way E-2
City: JUNO BCH FL Zip Code 33408

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: S Jason Kapnick, MD President 4/26/07
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, 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: D NAME: KAPNICK, S. JASON M.D. STREET ADDRESS: 1411 N. FLAGLER DR., #5000 CITY-ST-ZIP: WEST PALM BEACH, FL 33401	☐ Delete	S Jason Kapnick MD PDTS 3345 Burns Road Suite 203 Palm Beach Gardens, FL 33410	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP N/A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: MD President 4/26/07 5616223810
S Jason Kapnick MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #