

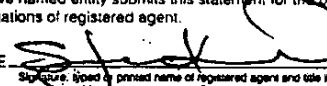
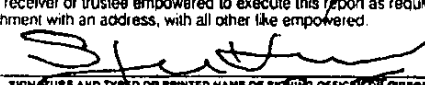
2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-16-2007 90023 009 ***150.00
P94000016906

FILED

07 MAY 23 PM 12: 26

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016906			
1. Entity Name S. JASON KAPNICK, M.D., P.A.			
Principal Place of Business 1411 N. FLAGLER DR. SUITE 5000 WEST PALM BEACH, FL 33401		Mailing Address 1411 N. FLAGLER DR. SUITE 5000 WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # 3345 BURNS RD		3. Mailing Address 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 KAPNICK, JASON S 1411 N. FLAGLER DR. SUITE 5000 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent SAME - NOT NEW Reg Agent 170 CELESTIAL WAY SUITE 203 TWO BCH FL 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 DATE: 4/26/07			
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	0 KAPNICK, S. JASON M.D. 1411 N. FLAGLER DR., #5000 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. JASON KAPNICK MD PRES 3345 BURNS Road Suite 203 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  S. JASON KAPNICK, MD President 4/26/07 916223810			