## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P94000021497



**FILED** 

2006 FOR PROFIT CORPORATION ANNUAL REPORT					Apr 24, 2006 8:00 am Secretary of State			
DOCUMENT # P94000021497  1. Entity Name WEST KENDALL PROFESSIONAL SERVICES, INC.						90389 012 ***150		
Principal Place of Business 8900 N KENDALL DR MIAMI, FL 33176		Mailing Address 6855 RED RD #600 CORAL GABLES, FL 33143 US			Anna Cara			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.  City & State		03062006	Chg-P	CR2E034 (11/05)	pplied For	
City & State		City & State		4. FEI Numbe			ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	See Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New I	Registered Agent		
FRIEDMAN, DAVID R 6855 RED RD #600				Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES, FL 33143								
			City			FL Zip Coo	de	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or re	gistered agent, or bot	h, in the State of Fl	orida. I am familiar with	, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating)  DATE								
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEELEY, BRIAN E 6855 RED ROAD - SUITE 600 CORAL GABLES, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAWSON, RALPH E 6855 RED ROAD - SUITE 600 CORAL GABLES, FL 33143	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ 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		□ 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:

3-17-06

7866627272

Daytime Phone \*



## ATTACHMENT

6855 Red Road

Coral Gables, FL 33143-3632

www.baptisthealth.net

April 5, 2006

**Division of Corporations** P.O. Box 1500 Tallahassee, FL 32302-1500

RE:

2006 Annual Report for West Kendall Professional Services, Inc.

**(**794000021497

Dear Sirs:

Attached for filing is the 2006 Annual Reports for the above-referenced corporation together with check in the amount of \$150.00 to cover the filing fee for the annual report.

Should you have any questions, please do not hesitate to contact me at 786-662-7022. Thank you.

Office Administrator

**Attachment**