

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000067029**

1. Corporation Name  
**PETER R. KAPLAN, PH.D. P.A.**

Principal Place of Business  
**2650 BAHIA VISTA S  
 STE 201  
 SARASOTA FL 34239  
 US**

Mailing Address  
**2650 BAHIA VISTA ST  
 STE 201  
 SARASOTA FL 34239  
 US**

2. Principal Place of Business

21 **1854 Grove St**  
 Suite, Apt #, etc.  
 22 **Sarasota FL**  
 City & State  
 23 **34239 US**  
 Zip Country

2a. Mailing Address

26 **1854 Grove St**  
 Suite, Apt #, etc.  
 27 **Sarasota FL**  
 City & State  
 28 **34239 US**  
 Zip Country

9. Name and Address of Current Registered Agent

**TANNENBAUM, ALAN E  
 1680 FRUITVILLE RD., STE. 102  
 SARASOTA FL 34236**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 City  
 84 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature is not required)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KAPLAN, PETER R</b>	
STREET ADDRESS	<b>2650 BAHIA VISTA ST</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>KAPLAN, PETER R</b>
13 STREET ADDRESS	<b>1854 GROVE ST</b>
14 CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>400002816014-7</b>
23 STREET ADDRESS	<b>-03/23/93--01090--019</b>
24 CITY-ST-ZIP	<b>****150.00 ****150.00</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, in an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

941 366-7301

0476858

CR2E034 (11/98)



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified  
**08/28/1995**
- 4. FEI Number  
**65-0610429** Applied For Not Applicable
- 5. Certificate of Status Desired  **\$8.75** Additional Fee Required
- 6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax  Yes  No

10. Name and Address of New Registered Agent