


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90399 050 ***150.00

DOCUMENT # P98000083552		
1. Entity Name B. S. KENNEDY M.D., P.A.		

Principal Place of Business S HOWARD REED 2424 N FEDERAL HWY, 200 BOCA RATON, FL 33431	Mailing Address 2424 N FEDERAL HWY, 200 BOCA RATON, FL 33431
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40057725



2. Principal Place of Business 6751 N Federal Hwy.	3. Mailing Address 6751 N Federal Hwy.
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33487	Country US

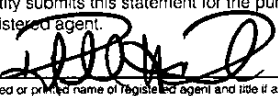

03222006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0864986	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REED, S. HOWARD 2424 N FEDERAL HWY, 200 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name: Randall H. Reed, CPA Street Address (P.O. Box Number is Not Acceptable) 6751 North Federal Hwy., Suite 201 City: Boca Raton FL Zip Code: 33487
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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: 4-4-06

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, BENJAMIN S M.D. 7565 NE 8TH TERR BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  4/21/2006 561-997-6027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BEN S KENNEDY