


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90004 042 ***150.00

DOCUMENT # S48835 1. Entity Name ERIC M. KAPLAN, M.D. & ASSOCIATES, P.A..	
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Principal Place of Business 146 WHITAKER RD STE B LUTZ, FL 33549 US	Mailing Address 146 WHITAKER RD STE B LUTZ, FL 33549 US
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50060759



07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3081451	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAPLAN, ERIC M 146 WHITAKER RD STE #B LUTZ, FL 33549

**DO NOT WRITE
IN THIS SPACE**

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 <u>7-8-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAPLAN, ERIC M 146 WHITAKER RD STE #B LUTZ, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date _____ Daytime Phone # _____



ATTACHMENT
50060759

Professional Financial Services & Associates, Inc.

710 - 94th Avenue North / Suite 302 / St. Petersburg, FL 33702
(727) 577-9602 / Fax (727) 577-6413 / Toll Free 1-888-810-3899
Email: Joe_Valz@yahoo.com



July 5, 2005

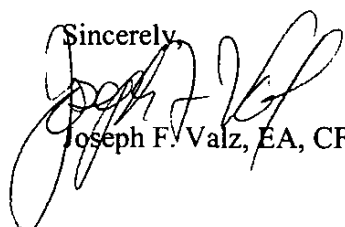
Florida Dept. of State
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Eric M. Kaplan, M.D. & Assoc., P. A.
Document #S48835

Due to the confusion surrounding your new method of notification concerning the renewal of the corporate name, Dr. Kaplan does not remember receiving any notice other than the one concerning "dissolution", and therefore the May 1 deadline came and went without renewal. I am enclosing a check in the amount of \$150.00 and am requesting that you abate the penalties for late filing.

Thank you!

Sincerely,



Joseph F. Valz, EA, CFP, CPBC

Enclosure