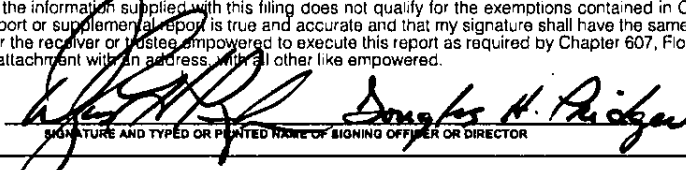


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 08:00 AM
Secretary of State

DOCUMENT # S60316 1. Entity Name KENDALL PROFESSIONAL VILLAGE, INC.					
Principal Place of Business 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126			Mailing Address 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	06232006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0287407				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of Now Registered Agent		
PITTS, W DOUGLAS 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, STUART 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000567751 06/29/06-80002-014 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PITTS, W. DOUGLAS 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KURPS, JAMES 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COURTELIS, KIKI L 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIDGEN, DOUGLAS H. 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:  Douglas H. Pridgen 6/26/06 305-261-4330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					