2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2007 08:00 AM
Secretary of State

DOCUMENT # S60316

1. Entity Name
KENDALL PROFESSIONAL VILLAGE, INC.

Principal Place of Business	Mailing Address
703 WATERFORD WAY SUITE 800 MIAMI, FL 33126	703 WATERFORD WAY SUITE 800 MIAMI, FL 33126

06202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0287407
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PITTS, W DOUGLAS
703 WATERFORD WAY
SUITE 800
MIAMI, FL 33126

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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
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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

TITLE	D
NAME	MILLER, STUART
STREET ADDRESS	703 WATERFORD WAY SUITE 800
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VD
NAME	PITTS, W. DOUGLAS
STREET ADDRESS	703 WATERFORD WAY SUITE 800
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	KURPS, JAMES
STREET ADDRESS	703 WATERFORD WAY SUITE 800
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	PD
NAME	COURTELIS, KIKI L
STREET ADDRESS	703 WATERFORD WAY SUITE 800
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	T
NAME	PRIDGEN, DOUGLAS H.
STREET ADDRESS	703 WATERFORD WAY SUITE 800
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/28/07-80001-010 150.00

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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: _____ 6/20/07 305-261-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOUGLAS H. PRIDGEN, TREASURER