


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # S68090
 1. Entity Name
 KEVIN J. GILBERT, M.D., P.A.



Principal Place of Business
 5305 GREENWOOD AVE.
 SUITE 204
 WEST PALM BEACH, FL 33407

Mailing Address
 5305 GREENWOOD AVE.
 SUITE 204
 WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE



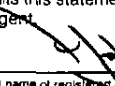
04182005 No Chg-P CR2E034 (10/03)

4. FET Number 65-0277912	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
 GILBERT, KEVIN J
 5305 GREENWOOD AVE.
 SUITE 204
 WEST PALM BEACH, FL 33407

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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: 4/25/05

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000328406
 04/25/05-80077-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILBERT, KEVIN J 5305 GREENWOOD AVE., STE. 204 WEST PALM BEACH, FL 33407
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 another like empowered.

SIGNATURE:  Date: 4/25/05 Daytime Phone #: 561-840-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR