2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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



DO NOT WRITE IN THIS SPACE

 04182005
 No Chg-P
 CR2E034 (10/03)

 4. FEt Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$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

DO NOT WRITE IN THIS SPACE

WEST PALM BEACH, FL 33407			IN THIS SPACE		
8. The above the obligate SIGNATURE.	named entity submits this statement for the pions of registered agent			egistered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000328406 04/25/05-80077-002 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD GILBERT, KEVIN J 5305 GREENWOOD AVE., STE. 204 WEST PALM BEACH, FL 33407	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filling 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 cath; 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N12/11

Jr. Bur gin

Daytime Phone