


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # S68090 1. Entity Name KEVIN J. GILBERT, M.D., P.A.	
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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
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04262006 No Chg-P CR2E034 (11/05)

4. FEI 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	DO NOT WRITE IN THIS SPACE
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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 fee if applicable. (NOTE: Registered Agent signature required when requesting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	00000556757 05/17/06-80023-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO 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 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: _____ DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR