


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90083 050 ***150.00

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| DOCUMENT # V60232 | |  |
| 1. Entity Name BRENDA S. KINARD, M.D., P.A. | | |

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| Principal Place of Business 1201 5TH AVE, NORTH SUITE 402 ST. PETERSBURG, FL 33705 US | Mailing Address 1201 5TH AVE, NORTH SUITE 402 ST. PETERSBURG, FL 33705 US |
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3139097 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

KINARD, BRENDA S MD
1201 5TH AVE N
STE 402
SAINT PETERSBURG, FL 33705

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KINARD, BRENDA S 1201 5TH AVE N #402 SAINT PETERSBURG, FL 33705 |
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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 all other like empowered.

SIGNATURE: Brenda S Kinard MD PRESIDENT 4/14/05 7278219997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #