

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **547915** (9)

1. Corporation Name
THOMAS J. KUB, M.D., P.A.

Principal Place of Business
**2595 HARBOR BLVD
STE 101
PORT CHARLOTTE FL 33952**

Mailing Address
**2595 HARBOR BLVD
STE 101
PORT CHARLOTTE FL 33952-5376**



3. Date Incorporated or Qualified 09/30/1977	3a. Date of Last Report 01/30/1996
4. FEI Number 59-1778363	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent KUB, THOMAS J MD 2595 HARBOR BLVD PT. CHARLOTTE FL 33952	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KUB, THOMAS J MD	1.2 NAME	
STREET ADDRESS	2595 HARBOR BLVD #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KUB, THOMAS J MD	2.2 NAME	
STREET ADDRESS	2595 HARBOR BLVD #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Thomas J. Kub
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97 741-629-2234
DATE DAYTIME PHONE #

CR2E034 (9/96)