

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90001 039 ***150.00

DOCUMENT # 562547

1. Entity Name
KENNETH W. KOREY, M.D., P.A.

Principal Place of Business Mailing Address
1007 BEVERLY DRIVE 1007 BEVERLY DRIVE
ROCKLEDGE FL 32955-9833 ROCKLEDGE FL 32955-9833



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1022 S. Florida Ave. 1022 S. Florida Ave.

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 1 Suite # 1

City & State City & State
Rockledge, FL Rockledge, FL

4: FEI Number **59-1798793** Applied For
 Not Applicable

Zip Country Zip Country
32955 USA 32955 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOREY, KENNETH W.
~~1007 BEVERLY DRIVE~~ **1022 S. Florida Ave Ste 1**
~~ROCKLEDGE FL 32955~~ **Rockledge, FL 32955**

Name ~~Kenneth W. Korey~~
 Street Address (P.O. Box Number is Not Acceptable) ~~1022 S. Florida Ave~~
~~Suite # 1~~
 City ~~Rockledge, FL~~ Zip Code ~~32955~~

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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PVD KOREY, KENNETH W. 1007 BEVERLY DRIVE ROCKLEDGE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ST KOREY, KENNETH W. 1007 BEVERLY DRIVE ROCKLEDGE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kenneth W Korey 1022 S. Florida Ave Ste # 1 Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kenneth W Korey 1022 S. Florida Ave. Ste # 1 Rockledge, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Change to address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: Kenneth W. Korey Date: **03-12-01** Daytime Phone #: **321-636-8241**

CR2E034 (10/00)