

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F90013** (6)

1. Corporation Name
SYLVIA K. KNOWLTON, M.D., P.A.

Principal Place of Business Mailing Address
C/O SYLVIA K. KNOWLTON KNOWLTON C/O SYLVIA K. KNOWLTON
7301 W PALMETTO PK ROAD, #105C 7301 W PALMETTO PARK RD STE 105C
BOCA RATON FL 33433 BOCA RATON FL 33433
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/02/1982 3a. Date of Last Report 04/04/1994

4. FEI Number 59-2205927 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 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOWLTON, SYLVIA K., MD
7301 W PALMETT PK RD
BOCA RATON FL 33433

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
7301 W PALMETTO PK RD #105C
83
84 City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLTON, SYLVIA K., MD	1.2 NAME	
STREET ADDRESS	7301 W PALMETT RD	1.3 STREET ADDRESS	7301 W PALMETTO PK RD #105C
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	STC	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLTON, SYLVIA K., MD	2.2 NAME	
STREET ADDRESS	7301 W PALMETT RD	2.3 STREET ADDRESS	7301 W PALMETTO PK RD #105C
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	M	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLTON, SYLVIA K., MD	3.2 NAME	
STREET ADDRESS	7301 W PALMETT RD	3.3 STREET ADDRESS	7301 W. PALMETTO PK RD #105C
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Sylvia K. Knowlton

Sylvia K. Knowlton 407-392-8832

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature