

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G72381** (8)

1. Corporation Name

BEHNKE & KREBS, M.D.'S, P.A.



Principal Place of Business

**1901 HAVERFORD AVE. STE. 101
SUN CITY CTR FL 33573
US**

Mailing Address

**1901 HAVERFORD AVE. STE 101
SUN CITY CTR FL 33573-5200
US**

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

g. Name and Address of Current Registered Agent

**BEHNKE, DONALD
1901 HAVERFORD, STE 101
SUN CITY CENTER FL 33570-2261**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Quinched

11/28/1983

3a. Date of Last Report

02/01/1995

4. FET Number

59-2329724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 of person authorized to register agent, if applicable

Signature of Registered Agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE

DST

☐ DELETE

NAME

BEHNKE, DONALD

STREET ADDRESS

301 N. CANAL ROAD

CITY-STATE-ZIP

RUSKIN FL

TITLE

D

☐ DELETE

NAME

KREBS, JOSEPH

STREET ADDRESS

590 RIVIERA

CITY-STATE-ZIP

TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

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CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

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☐ Addition

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 119.02(3)(k), 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 a trusted employee 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:

Joseph D. Krebs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

DATE

CR2E034 (12/95)