

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G73543**

(2)

1. Corporation Name

SAFKO, KENNETH R. M.D., P.A.

Principal Place of Business

**% KENNETH R. SAFKO, M.D.
6950 CENTRAL AVE #120
ST. PETERSBURG FL 33707**

Mailing Address

**% KENNETH R. SAFKO, M.D.
6950 CENTRAL AVE #120
ST. PETERSBURG FL 33707**



3. Date Incorporated or Qualified
12/07/1983

3a. Date of Last Report
06/13/1995

4. FLEI Number
59-2344569

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

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26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAFKO, KENNETH R., M.D.
6950 CENTRAL AVE #120
ST. PETERSBURG FL 33707**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 file this report (i.e., the corporation's Secretary or Treasurer)

Signature of person authorized to accept appointment as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DP
SAFKO, KENNETH R
6950 CENTRAL AVE #120
ST PETERSBURG, FL 00000**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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 119.07(3)(c), 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 this corporation or the recorder or person 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(813) 384-6950
Deputy Secretary

CR2E034 (12/95)