FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G86734** **(2)**

1. Corporation Name

T.T. KNIGHT, JR., M.D., P.A.

Principal Place of Business

C/O T. T. KNIGHT, JR., M.D.
1154 LEE BLVD., #2
LEHIGH ACRES FL 33936

Mailing Address

1154 LEE BLVD.
2
LEHIGH ACRES FL 33936
US

3. Date Incorporated or Qualified: **02/29/1984**

3a. Date of Last Report: **05/10/1995**

4. FEI Number: **59-2372921** ☐ 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 subject for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26 15625 CARRIEDALE LN
Suite, Apt. #, etc.
27
City & State
28 FT. MYERS, FL
Zip 29 33912 Country 30 U.S.

9. Name and Address of Current Registered Agent

KNIGHT, JR M T.
63 BARKLEY CIR, STE 100
FT MYERS FL 33907

10. Name and Address of New Registered Agent

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 Section 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KNIGHT, T.T. 1154 LEE BLVD. LEHIGH ACRES FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP	DP KNIGHT, T.T. 15625 CARRIEDALE LN FT MYERS, FL. 33912	☒ Change ☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing complies with the requirements of Section 607.0502, Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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, added or deleted.

SIGNATURE: ✓ _____ ✓ 3-25-96 94V168 1259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)