

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 JUN 20 AM 9:23

DOCUMENT # P94000025596
1. Corporation Name

Gibbs, Kaplan & Klonaris, M.D.'s, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001519220
-06/21/95--01046--025
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2020 Spanish Pines Drive
Palm Harbor, FL 34684

3. Date Incorporated or Qualified 4/4/94
3a. Date of Last Report None filed

2. Principal Place of Business 2a. Mailing Address
21 34041 U.S. Hwy 19 North 26 34041 U.S. Hwy 19 North
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite A 27 Suite A
City & State City & State
23 Palm Harbor, FL 28 Palm Harbor, FL
Zip Country Zip Country
24 34684-2648 25 USA 29 34684-2648 30 USA

4. FEI Number 59-3233548 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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Aaron J. Gold, Esquire
703 Swann Avenue
Tampa, FL 33606

10. Name and Address of New Registered Agent
81 Name Aaron J. Gold, Esquire
82 Street Address (P.O. Box Number is Not Acceptable) 704 West Bay Street
83
84 City Tampa FL 85 Zip Code 33606

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 Aaron J. Gold, Esquire 5/23/95
(Signature) (Type or printed name of registered agent and title if applicable) (Date)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	President/Director Kerry J. Kaplan, M.D. 1522 Silver Moon Lane Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY ST ZIP	Vice President/Director Kenneth Gibbs, M.D. 106 Harbor Drive Palm Harbor, FL 34683
TITLE NAME STREET ADDRESS CITY ST ZIP	Secretary/Director John N. Klonaris, M.D. 1983 Muirfield Way Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY ST ZIP	Vice President A-Hamid Hakki, M.D. 8547 Merrimar Blvd. East Largo, FL 34647
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(g), 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 in an attachment with an address.

SIGNATURE: 5/25/95
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)