

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90010 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000025596**

1. Corporation Name  
**GIBBS, KAPLAN, KLONARIS & HAKKI, M.D.'S, P.A.**

Principal Place of Business <b>34041 U.S. HWY 19 NORTH                  SUITE A                  PALM HARBOR FL 34684-2648</b>	Mailing Address <b>34041 U.S. HWY 19 NORTH                  SUITE A                  PALM HARBOR FL 34684-2648</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3231 McMullen Booth Road                  Suite, Apt. #, etc.                  22 Suite 10A2                  City &amp; State                  23 Safety Harbor, FL                  Zip Country                  24 34695 25 USA</b>	2a. Mailing Address <b>26 3231 McMullen Booth Road                  Suite, Apt. #, etc.                  27 Suite 10A2                  City &amp; State                  28 Safety Harbor, FL                  Zip Country                  29 34695 30 USA</b>
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3. Date Incorporated or Qualified <b>04/04/1994</b>	4. FEI Number <b>59-3233548</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GOLD, AARON J  
 704 WEST BAY STREET  
 TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GIBBS, KENNETH	
STREET ADDRESS	106 HARBOR DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAPLAN, KERRY J	
STREET ADDRESS	1522 SILVER MOON LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLONARIS, JOHN H	
STREET ADDRESS	1983 MUIRFIELD WAY	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAKKI, A-HAMID MD	
STREET ADDRESS	1508 STURBRIDGE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Kerry Kaplan 2-3-99 724-8611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)