

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 AUG 10 PM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 455447

(3)

1. Corporation Name

GEORGE KELLNER, M.D., P.A.

Principal Place of Business

Mailing Address

3314 HENDERSON BLVD
209
TAMPA FL 33609
US

3314 HENDERSON BLVD
209
TAMPA FL 33609
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1974

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1536283

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

21 17010 Whirley Road

26 17010 Whirley Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa FL

28 Tampa FL

Zip

Country

Zip

Country

24 33549

25 US

29 33549

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLNER, GEORGE MD
3314 HENDERSON BLVD
209
TAMPA FL 33609

81 Name

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

17010 Whirley Road

83

84 City

Tampa

FL

85 Zip Code

33549

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

George A. Kellner
Signature, typed or printed name of registered agent and title, if applicable.

GEORGE A. KELLNER OFFICER

DATE

8-2-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HODES, RICHARD S, M D
STREET ADDRESS 423 SOUTH HYDE PARK AVE
CITY - ST - ZIP TAMPA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME LONG, RICHARD M D
STREET ADDRESS 612 S DALE MABRY
CITY - ST - ZIP TAMPA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE PF
NAME KELLNER, GOERGE, M D
STREET ADDRESS 3314 HENDERSON BLVD 209
CITY - ST - ZIP TAMPA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ 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 110.07(3)(b), 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.

SIGNATURE:

George A. Kellner
Signature and typed or printed name of signing officer or director

OFFICER

DATE

8-2-95 (8/13)

Day and Month

870-AH435

GEORGE A. KELLNER

0006400 CP

CR2E034 (3/95)