

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 # 510406 (2)

1. Corporation Name
DAVID G. KUDELKO, D.O., P.A.



Principal Place of Business: **4 SOUTH WIND DR BELLEAIR BLUFFS FL 34640-9017**
Mailing Address: **4 SOUTH WIND DR BELLEAIR BLUFFS FL 34640-9017**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. City & State
23. City & State
24. Zip
25. Country
26. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

3. Date Incorporated or Qualified: **08/12/1976**
3a. Date of Last Report: **04/13/1995**
4. FEI Number: **59-1684578**
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

9. Name and Address of Current Registered Agent

**KUDELKO, DAVID G.
4 SOUTH WIND DR
BELLEAIR BLUFFS FL 34640**

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: **FL**

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 of the person named in block 9, if agent

Name, Registered Agent, if not the person named in block 9

DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PO	<input type="checkbox"/>
NAME	KUDELKO, DAVID G	
STREET ADDRESS	4 S WIND DR	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input type="checkbox"/>
NAME	KUDELKO, CATHY E	
STREET ADDRESS	4 SOUTH WIND DR	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID G. KUDELKO

04-2996 **813-581-3554**
Date Date Phone

CR2E034 (12/95)