

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 11 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 570348 (3)**

1. Corporation Name

**KAUFFMAN AND SLEVIN, M.D.'S, P.A.  
Slevin, Furman, Karp, M.D.'S, P.A.**

Principal Place of Business

1975 HAWTHORNE STREET  
SARASOTA FL 34239

Mailing Address

1975 HAWTHORNE STREET  
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/25/1978

3a. Date of Last Report

04/25/1994

4. FEI Number

59-1815372

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

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAUFFMAN, MARK S  
1975 HAWTHORNE STREET  
SARASOTA FL 34239**

81 Name

**Slevin, Donald J.**

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

**1975 Hawthorne Street**

83

84 City

**SARASOTA**

**FL**

85

Zip Code

**34239**

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

Signature of individual or corporation of registered agent and use if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

**KAUFFMAN, MARK S  
1975 HAWTHORNE STREET  
SARASOTA, FL 00000**

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