

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 572402</b><br>1. Entity Name<br><b>ROBERT A. KURTIS, M.D., P.A.</b> |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>501 S LINCOLN AVENUE<br/>CLEARWATER FL 33756<br/>US</b> | Mailing Address<br><b>501 SOUTH LINCOLN AVE<br/>CLEARWATER FL 33756<br/>US</b> |
|---|--|

|                                |                     |   |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 3. Mailing Address  | 4. FEI Number<br><b>59-1824107</b>  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                 |
| City & State                   | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| Zip                            | Country             | Zip   |
|                                |                     | Country   |



1st MOORE CR2E034 (10/04)

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>KURTIS, ROBERT A.<br/>501 S. LINCOLN AVE.<br/>CLEARWATER FL 33756</b> | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |
|--|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |                                    |
|----------------------------|------------------------------------|
| TITLE                      | PD <input type="checkbox"/> Delete |
| NAME                       | KURTIS, ROBERT A.                  |
| STREET ADDRESS             | 501 S. LINCOLN AVE.                |
| CITY - ST - ZIP            | CLEARWATER FL                      |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY - ST - ZIP            |                                    |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY - ST - ZIP            |                                    |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY - ST - ZIP            |                                    |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY - ST - ZIP            |                                    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  | U00000333653  |
| CITY - ST - ZIP                                       | 04/27/05-80013-003 150.00   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP                                       |   |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Kurtis Date: 4-22-05 Daytime Phone #: 7274612401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR