

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 601075 (5)

1. Corporation Name

ROBERT H. KELLER MD PA



Principal Place of Business

Mailing Address

1701 LONGBOW LANE
CLEARWATER FL 34624
US

1701 LONG BOW LANE
CLEARWATER FL 34624
US

3. Date Incorporated or Qualified
06/11/1969

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1264953

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLER, ROBERT H
1510 BARRY STREET
CLEARWATER FL 33516

81 Name

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

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KELLER, ROBERT H.
STREET ADDRESS 1510 BARRY STREET
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE PT
NAME KELLER, ROBERT H.
STREET ADDRESS 1510 BARRY STREET
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE VS
NAME KILGORE, WILLIAM, MD
STREET ADDRESS 1510 BARRY STREET
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE D
NAME WILKS, HARRY M.D.
STREET ADDRESS 1510 BARRY STREET
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE SD
NAME SCHWARTZ, JOSEPH
STREET ADDRESS 1510 BARRY STREET
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1701 Long Bow Lane
Clearwater, FL 34624

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1701 Long Bow Lane
Clearwater, FL 34624

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1701 Long Bow Lane
Clearwater, FL 34624

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

1701 Long Bow Lane
Clearwater, FL 34624

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

1701 Long Bow Lane
Clearwater, FL 34624

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1701 Long Bow Lane
Clearwater, FL 34624

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 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:

Robert H. Keller, M.D.

4/1/96 (813) 531-2923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (12/95)