

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jul 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1701 LONGBOW LANE
CLEARWATER FL 34624
US

Mailing Address

1701 LONG BOW LANE
CLEARWATER FL 34624-6401
US



3. Date Incorporated or Qualified

06/11/1969

3a. Date of Last Report

04/22/1996

4. FEI Number

59-1264953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

KELLER, ROBERT H
1510 BARRY STREET
CLEARWATER FL 33516

10. Name and Address of New Registered Agent

81 Name

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

83 31581 US 19 N.

84 City

Palm Harbor,

FL

85 Zip Code

34684

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/20/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KELLER, ROBERT H.
STREET ADDRESS 1701 LONG BOW LANE
CITY-ST-ZIP CLEARWATER FL

TITLE PT ☐ DELETE

NAME KELLER, ROBERT H.
STREET ADDRESS 1701 LONG BOW LANE
CITY-ST-ZIP CLEARWATER FL

TITLE VS ☐ DELETE

NAME KILGORE, WILLIAM, MD
STREET ADDRESS 1701 LONG BOW LANE
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME WILKS, HARRY M.D.
STREET ADDRESS 1701 LONG BOW LANE
CITY-ST-ZIP CLEARWATER FL

TITLE SD ☐ DELETE

NAME SCHWARTZ, JOSEPH
STREET ADDRESS 1701 LONG BOW LANE
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

31581 US 19 N.

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Palm Harbor, FL. 34684

Same as 13 Above

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

Same as 13 Above

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

Same as 13 Above

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

Same as 13 Above

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (9/96)