

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 604191

1. Entity Name
IRVING S. KOLIN, M.D., P.A.



Principal Place of Business
1065 WEST MORSE BLVD.
STE. 202
WINTER PARK, FL 32789 US

Mailing Address
1065 WEST MORSE BLVD.
STE. 202
WINTER PARK, FL 32789 US



05042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1449973

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KOLIN, IRVING S., M.D.
1065 WEST MORSE BLVD.
ORLANDO, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

U00000567824

06/30/06 08:00 025 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	KOLIN, IRVING S., M.D.
STREET ADDRESS	225 TRISMEN TERRACE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	SD
NAME	KOLIN, IRVING S., M.D.
STREET ADDRESS	225 TRISMEN TERRACE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	S
NAME	KOLIN, ROCHELLE
STREET ADDRESS	225 TRISMER TERRACE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

as May 06

Date

407 644 1142

Daytime Phone #