

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 12 AM 8:49

DOCUMENT # 605127

(0)

1. Corporation Name

FRANK E. KUCERA, M.D., P.A.

Principal Place of Business

% FRANK E KUCERA  
229 ~~NEXT STREET~~ GEORGE BUSH BLVD.  
DELRAY BEACH FL 33444

Mailing Address

% FRANK E KUCERA  
229 ~~NEXT STREET~~ GEORGE BUSH BLVD.  
DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/11/1974

3a. Date of Last Report

04/29/1994

4. FEI Number

59-1538341

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

KUCERA, FRANK E.  
229 ~~NEXT STREET~~ GEORGE BUSH BLVD.  
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

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 title if applicable

NOTE: Registered Agent signature required when constituting

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME KUCERA, FRANK E.  
STREET ADDRESS 229 ~~NEXT STREET~~ GEORGE BUSH BLVD.  
CITY - ST - ZIP DELRAY FL 33444

TITLE SD  
NAME KUCERA, FRANK E  
STREET ADDRESS 229 ~~NEXT STREET~~ GEORGE BUSH BLVD.  
CITY - ST - ZIP DELRAY BCH FL 33444

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

2 1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

3 1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

4 1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

5 1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

6 1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(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:

Frank E. Kucera MD, P.A.

6-3-95 (407) 272-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Name & Title)