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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

DONALD R. KAMENS, M.D., P.A.

Principal Place of Business 105 GLEN COVE PLACE 105 GLEN COVE PLACE

105 GLEN COVE PLACE PONTE VEDRA BCH., FL 32082 US	PONTE VEC US	RA BCH., FL 32082	3. Date Incorporated or Qualified 3. 07/17/1979	3a. Date of Last Report 08/16/1995			
2. Principal Place of Business  104 Crape Myrtle Dr.	2a. Mailing Addr 26 104 Cr Suite, Apt. #	ape Myrtle Dr.	4. FEI Number 59-1925436 5. Certificate of Status Dosired [	Applied For Not Applicable \$8.75 Additional			
Suite, Apt. #, etc. 2 City & State	27   City & State   28		Election Campaign Financing     Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees			
7(p Gountry 25	Zφ 29	Country 30	8. This corporation has liability for inte- Florida Statutes Yes  10. Name and Address of New Rec	□ No			
9. Name and Address of Current Registered Agent  KAMENS, DONALD R. 1800 BARRS STREET			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
JACKSONMILE FL 32204  11. Pursuant to the provisions of Sections 607.000 or registered agent, or both, in the State of Fig.	02 and 607.1508, Flori	da Statutes, the above named co	orporation submits this statement for the purphoard of directors. Thereby accept the appoin	FL 85 Zip Code ose of changing its registered officentment as registered agent. Lam			

familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

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TREET ADDRESS	105 GLEN COVE PLACE	13 STREET ADDRESS	104 Crape Myrtle Dr.		
1	PONTE VEDRA BCH., FL 32082	1.4 CITY ST-ZIP		[ ] Change	Addition
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1		2.2 NAME			
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STREET ADDRESS					
CITY-ST-ZIP		-6 4 CiTy - ST - ZiP	alify for the exemption stated in Section 119.07	(3)(k), Florida Stat	lutes. I furthe

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 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 certify 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-273-8156