

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SE MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 643917

(8)

1. Corporation Name

ADEL A. KALLINI, M.D., P.A.

2. Principal Place of Business

27 S. FEDERAL HWY
DELRAY BCH FL 33441

3. Mailing Address

27 S. FEDERAL HWY
DELRAY BCH FL 33441

3. Date Incorporated or
11/02/1979

3a. Date of Last Report
05/13/1994

2. Principal Place of Business

21 27 S. Federal Hwy

2a. Mailing Address

26 27 S Federal Hwy

22. City, State, and Zip

23 Deerfield Beach, FL

27. City, State, and Zip

28 Deerfield Beach, FL

24. Country

25 USA

29. Country

30 USA

4. Filing Number
59-1948705

5. Certificate of Status Document

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. Trust Corporation Form, available, for attachment to this report
X

9. Name and Address of Current Registered Agent

KALLINI, ADEL A., M.D.
16437 BRIDLEWOOD CIRCLE, FOXE CHASE/
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81. Name

82. Street Address, P.O. Box, Apartment, etc.

83. City

84. State

FL

85. Zip

11. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the signature of the undersigned is a true and correct representation of the information furnished in this report.

12. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the signature of the undersigned is a true and correct representation of the information furnished in this report.

PDT
KALLINI, M.D. A
27 S FEDERAL HWY
DEERFIELD BCH FL

13. ADDITIONAL COMPLETION OF FORMS REQUIRED AND DUE DATE, IF ANY

14. I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the signature of the undersigned is a true and correct representation of the information furnished in this report.

SIGNATURE:

SIGNATURE AND FILED ON MONTHLY STATE OF FLORIDA DEPARTMENT OF STATE