DOCUMENT # 648946

1. Entity Name

KEITH B. VENNUM, M.D., P.A.

FILED

00 FEB 24 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
002611

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1429 LAKELAND HILLS BLVD. P.O. BOX 373 LAKELAND FL 33805	1429 LAKELAND HILLS BLVD. P.O. BOX 373 LAKELAND FL 33805-3206

	2. Principal Place of Business	3. Mailing Address
Street	1718 W. LAKE PARKER DR	1718 W. LAKE PARKER DR.
Suite, Apt. #, etc.		LAKELAND, FL.
City & State	LAKELAND, FL.	
Zip	33805	33805
Country	POLK	POLK

4. FEI Number 59-1954223 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VENNUM, KEITH B
1718 W LAKE PARKER DR
33805

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VENNUM, KEITH B. 1718 W LAKE PARKER DR LAKELAND FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400003171564--9 -03/15/00--01101--003 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH B. VENNUM, MD PRESIDENT 01-11-2000 863-297-4034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #