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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90129 038 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 683725**

1. Corporation Name

R.L. BOLLINGER, PH. D. AND J.C. KEMP, PH.D., PA

Principal Place of Business

5300 SW 63RD COURT  
MIAMI FL 33155

Mailing Address

5300 SW 63RD COURT  
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1980

4. FEI Number

59-2105238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4726 S.W. 67 Ave.

Suite, Apt. #, etc.

22 # F-10

City & State

23 Miami, FL

Zip

24 33155

Country

25 Miami-Dade

2a. Mailing Address

26 4726 S.W. 67 Ave.

Suite, Apt. #, etc.

27 # F-10

City & State

28 Miami, FL

Zip

29 33155

Country

30 Miami-Dade

9. Name and Address of Current Registered Agent

BOLLINGER, RICK L

5300 SW 63RD

MIAMI FL 33155

81 Name

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

4726 S.W. 67 Ave.

83 # F-10

84 City

Miami

FL

85 Zip Code

33155

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
KEMP, JAMES C  
STREET ADDRESS  
5300 SW 63RD COURT  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
BOLLINGER, RICK L  
STREET ADDRESS  
5300 SW 63RD COURT  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
4726 S.W. 67 Ave. # F-10

1.3 STREET ADDRESS  
Miami, FL 33155

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
4726 S.W. 67 Ave. # F-10

2.3 STREET ADDRESS  
Miami, FL 33155

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: *Rick L. Bollinger* Rick L. Bollinger 01-20-99 305-254-8403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)