

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F51001** (8)

1. Corporation Name
ROBERT A. KOSTKA, D.P.M., P.A.



| | |
|---|---|
| Principal Place of Business C/O ROBERT A. KOSTKA 2260 GULF-TO-BAY BLVD. CLEARWATER FL 34625 | Mailing Address C/O ROBERT A. KOSTKA 2260 GULF-TO-BAY BLVD. CLEARWATER FL 34625 |
|---|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/01/1981 | 3a. Date of Last Report 02/07/1995 |
| 4. FEI Number 59-2139253 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|--|---|
| 9. Name and Address of Current Registered Agent KOSTKA, ROBERT A. 2260 GULF-TO-BAY BLVD. CLEARWATER FL 34625 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City FL 85 Zip Code |

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|--|
| 10. Name and Address of New Registered Agent |
|--|

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Robert A. Kostka MA*
Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature is required when resigning.) DATE

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|-------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KOSTKA, ROBERT A. | |
| STREET ADDRESS | 2260 GULF-TO-BAY BLVD. | |
| CITY - ST - ZIP | CLEARWATER FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--|--------------------------|--------------------------|
| 1. TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 NAME | | | |
| 13 STREET ADDRESS | | | |
| 14 CITY - ST - ZIP | | | |
| 2. TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 NAME | | | |
| 23 STREET ADDRESS | | | |
| 24 CITY - ST - ZIP | | | |
| 3. TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 NAME | | | |
| 33 STREET ADDRESS | | | |
| 34 CITY - ST - ZIP | | | |
| 4. TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 NAME | | | |
| 43 STREET ADDRESS | | | |
| 44 CITY - ST - ZIP | | | |
| 5. TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME | | | |
| 53 STREET ADDRESS | | | |
| 54 CITY - ST - ZIP | | | |
| 6. TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 NAME | | | |
| 63 STREET ADDRESS | | | |
| 64 CITY - ST - ZIP | | | |

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 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: *Robert A. Kostka* **ROBERT A. KOSTKA** 3/13/96 797-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)