

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Murtham

Secretary of State

DIVISION OF CORPORATIONS

1996-2-B-96 B-

1029 (0) C

DOCUMENT # F61438

1. Corporation Name

KENNETH A. HAMBERG, D.P.M., P.A.



Principal Place of Business

1311 S. FLAGLER DR.
WEST PALM BEACH FL 33401

Mailing Address

1311 S. FLAGLER DR.
WEST PALM BEACH FL 33401

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/29/1981

3a. Date of Last Report

04/11/1995

4. FEI Number

59-2153463

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HAMBERG, KENNETH A.
1311 SO. FLAGLER DRIVE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of person authorized to sign this report and the name of the corporation) (Printed Name of Registered Agent required when making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P HAMBERG, KENNETH A.
244 BLUEJAY LANE
JUPITER FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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14 CITY-STATE-ZIP

21 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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61 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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64 CITY-STATE-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:

Kenneth A. Hamberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96

407-655-1026

Date

Daytime Phone

CR2E034 (12/95)