

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 # F89129 (3)

1. Corporation Name

ZANE G. KALTER, M.D., INC.

Principal Place of Business

1414 KUHLE AVE
44 WEST LAKE BEAUTY DR
ORLANDO FL 32806
US

Mailing Address

1414 KUHLE AVE
44 WEST LAKE BEAUTY DR
ORLANDO FL 32806
US

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.			PAUL GOLDSTEIN 1414 KUHLE AVENUE ORLANDO FL		
22	City & State					
23	Zip	Country	24	Zip	Country	30
			25	32806		

3. Date Incorporated or Qualified

07/01/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2202816

Applied For

Not Applicable

of Status Desired

☐

\$8.75 Additional
Fee Required

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

HODGES, KARL W
1414 KUHLE AVE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81	Name	GOLDSTEIN, PAUL	
82	Street Address (P.O. Box Number is Not Acceptable)	1414 KUHLE AVENUE	
83	City	ORLANDO	
84	City	ORLANDO	FL
85	Zip Code	32806	

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

Paul Goldstein

(NOTE: Registered Agent Signature required when filing this statement.)

4/26/96

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	STRAK, GARY J	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	DELETE
NAME	HILLENMEYER, JOHN	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	DELETE
NAME	HODGES, KARL W	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO FL	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PD JOHN HILLENMEYER
23 STREET ADDRESS	20 NORTH ORANGE AVENUE
24 CITY-ST-ZIP	ORLANDO FL
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D GARRY SINGLETON
33 STREET ADDRESS	1414 KUHLE AVENUE
34 CITY-ST-ZIP	ORLANDO FL
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	TD PAUL GOLDSTEIN
43 STREET ADDRESS	1414 KUHLE AVENUE
44 CITY-ST-ZIP	ORLANDO FL
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D JOHN BOZARD
53 STREET ADDRESS	1414 KUHLE AVENUE
54 CITY-ST-ZIP	ORLANDO FL
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

(407)841-5131

CR2E034 (12/95)