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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # **G46295**

(3)

STEPHEN J. KORNFELD, M.D., P.A.

	Principal	Place	of	Business		
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Mailing Address

2929 EAGLE ESTATES CIRCLE SOUTH CLEARWATER FL 34621

2929 EAGLE ESTATES CIRCLE SOUTH CLEARWATER FL 34621



V ECITION E									
						3. Date incorporated or Qualified 07/01/1983	3a. Date o	/09/19	95
2. Principal Pla	ice of Business	F ~~1	2a. Mailing Address			4. FEI Number		h	Applied For
<u> </u>			26						Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #	Suite, Apt. #, etc. 27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	•			6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zф	Country 25	Zip 29	30	Country		8. This corporation has liability for Florida Statutes	intangible tax	under s	199.032,
	g. Name and Address of	of Current Registered Agent				10. Name and Address of New R	legistered A	gent	
				81	Name				
	ELD, STEPHEN J. IGLE ESTATES CIRCLE	SULLH		82	Street Add	lress (P.O. Box Number is Not Acceptab	(ek		
	VATER FL 34621	000111		83					
				84	City		FL	85 Zı	ıp Code
	All of Continue	607 0100 and 607 1500 Elast	la Etabutan Han	about .	l	oration submits this statement for the pur		vaina its	registered offic
RIGNATURE	Signature, typed or ported name of reg	s of, Section 607.0505, Florida		ered Age	nt signature requir	ed when reinstaling)	DATE		
2.	OFFIC	CERS AND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFF			
IT.F	DP	DEt	ETE 1	1 TOTLE] Change	□ Addition
IAMI	Kornfeld, Stephe		1	.2 NAME					
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([Y-SLZ#:	CLEARWATER FL			4 CITY - !	ST-ZIP				
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II F		DEL		1 TITLE			L] Change	☐ Addition
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i"LF		□ D€t	3 FTE 4	4 CITY-1] Change	Addition
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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 chapter 607, or an attachment with an address.

SIGNATURE:

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/12/56 813 747-6744