

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 # G68121 (4)

1. Corporation Name

KATHI A. AULTMAN, M.D., P.A.



Principal Place of Business

1543 KINGSLEY AVE
BLDG 1-B
ORANGE PARK FL 32073

Mailing Address

1543 KINGSLEY AVE
BLDG 1-B
ORANGE PARK FL 32073

3. Date Incorporated or Qualified
11/01/1983

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

21 SAME AS ABOVE

2a. Mailing Address

26 SAME AS ABOVE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State:

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, KATHI AULTMAN
1543 KINGSLEY AVENUE
ORANGE PARK FL 32073

81 Name

KATHI AULTMAN

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 607.1508, 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

Kathi A. Aultman

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME JONES, KATHI A.
STREET ADDRESS 1543 KINGSLEY AVENUE
CITY-ST-ZIP ORANGE PARK FL

TITLE S ☐ DELETE
NAME JONES, KATHI A.
STREET ADDRESS 1543 KINGSLEY AVENUE
CITY-ST-ZIP ORANGE PARK FL

TITLE VP ☐ DELETE
NAME WAHL, JOANIE
STREET ADDRESS 1543 KINGSLEY AVENUE
CITY-ST-ZIP ORANGE PARK 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

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:

Kathi A. Aultman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHI A. AULTMAN, M.D.

4/4/96

Date

(904) 269-0384

Daytime Phone #

CR2E034 (12/95)