

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # G80013 (7)

1. Corporation Name

KENNETH S. FRASER, M.D., P.A.



Principal Place of Business

**508 LYONS BAY RD
NOKOMIS FL 34275**

Mailing Address

**508 LYONS BAY RD
NOKOMIS FL 34275**

2. Principal Place of Business

21 **420 S. TAMiami TR**
Suite, Apt. #, etc.

22 City & State

23 **VENICE FL**

24 **34285** 25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified
01/24/1984

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2398972

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**DUNCAN, LLOYD K.
2193 RINGLING BLVD.
SARASOTA FL 34237**

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 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director (Print Name)

Signature of Registered Agent or Director (Print Name)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE
NAME **DUNCAN, LLOYD K.**
STREET ADDRESS **2193 RINGLING BLVD.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **P** ☐ DELETE
NAME **FRASER, KENNETH S.**
STREET ADDRESS **508 LYONS BAY RD.**
CITY-ST-ZIP **NOKOMIS 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY-ST-ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY-ST-ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY-ST-ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY-ST-ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY-ST-ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY-ST-ZIP

38. TITLE

39. NAME

40. STREET ADDRESS

41. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(g), 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 registered agent or trustee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed, or on an attachment with an addendum).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH S. FRASER

DATE

Print Name

CR2E034 (12/95)