

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # H36088 1. Entity Name KARR AND KORNBERG ORTHOPAEDIC ASSOCIATES, M.D. P.A.	
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Principal Place of Business 604 OAK COMMONS BLVD KISSIMMEE, FL 34741	Mailing Address 604 OAK COMMONS BLVD KISSIMMEE, FL 34741
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2474151	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARR, MICHAEL A., M.D.
604 OAK COMMONS BLVD
KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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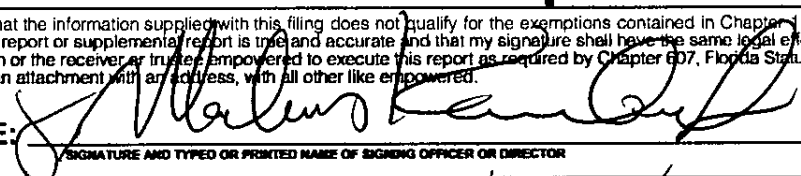
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KARR, MICHAEL A. 604 OAK COMMONS BLVD KISSIMMEE, FL 32742.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KORNBERG, MARKUS 604 OAK COMMONS BLVD KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDON, SCOTT 604 OAK COMMONS BLVD KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENNINGSEN, HAROLD J 604 OAK COMMONS BLVD KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000732084
05/09/07-80033-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/17/07** (407) 846-6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____