2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # H36088

1. Entity Name
KARR AND KORNBERG ORTHOPAEDIC ASSOCIATES, M.D. P.A.

Principal Place of Business	Mailing Address
604 OAK COMMONS BLVD KISSIMMEE, FL 34741	604 OAK COMMONS BLVD KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

02212008 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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04/01/08-80020-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/11/08 (407) 846-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #