

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90016 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H45244**

Corporation Name
KENNETH M. LOUIS, M.D., P.A.



Principal Place of Business	Mailing Address
3000 E. FLETCHER STE. 340 TAMPA FL 33613-1729	3000 E. FLETCHER STE. 340 TAMPA FL 33613-1729

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/01/1985	
4. FEI Number 59-2546460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2a. Mailing Address		26		27		28		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
LOUIS, KENNETH M., M.D. 3000 E. FLETCHER STE. 340 TAMPA FL 33613-1729				81 Name							
				82 Street Address (P.O. Box Number is Not Acceptable)							
				83							
				84 City							

1. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS, KENNETH M., M.D.	1.2 NAME	
STREET ADDRESS	3000 E. FLETCHER	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33613-1729	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: Kenneth M. Louis M.D. 7/1/99 (813) 917-3716

CRZE034 (5/99)

583453-90016-39

445244

NEUROLOGICAL SURGERY ASSOCIATES

Gene A. Balis, M.D., F.A.C.S.
Kenneth M. Louis, M.D., F.A.C.S.

3000 E. Fletcher Ave.
#340

Tampa, FL 33613

7/1/99

Dear Sirs:

I have only today received for the very first time my 1999 Profit Corporation Annual Report packet. The present packet states that this a 2nd notice, and that there is a late fee of \$400⁰⁰. In view of the fact that this is the first notice that I have received, I am please asking that the late fee be excused. Enclosed is \$150⁰⁰. Please notify me if there are any other questions. I have discussed this today with Mark at (850) 488-9000.

Sincerely,

Kenneth M. Louis

Kenneth M. Louis MD