


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90041 028 ***150.00

DOCUMENT # H45244

1. Entity Name
KENNETH M. LOUIS, M.D., P.A.



Principal Place of Business
**3000 E. FLETCHER
 STE. 340
 TAMPA, FL 33613-1729**

Mailing Address
**3000 E. FLETCHER
 STE. 340
 TAMPA, FL 33613-1729**

2. Principal Place of Business
3000 E. Fletcher

Suite, Apt. #, etc.
Ste. 340

City & State
Tampa FL

Zip
33613-4645

Country
USA

3. Mailing Address
3000 E. Fletcher


Suite, Apt. #, etc.
Ste. 340

City & State
Tampa FL

Zip
33613-4645

Country
USA

90000000



01132006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2546460

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
**LOUIS, KENNETH M MD
 3000 E. FLETCHER
 STE. 340
 TAMPA, FL 33613-1729**

7. Name and Address of New Registered Agent
 Name
Louis, Kenneth M MD
 Street Address (P.O. Box Number is Not Acceptable)
3000 E. Fletcher
Ste. 340
 City
Tampa FL Zip Code
33613-4645

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: **Kenneth M. Louis MD, Kenneth M. Louis MD President 1/13/06**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	LOUIS, KENNETH M MD 3000 E. FLETCHER TAMPA, FL 336131729	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Kenneth M. Louis MD, Kenneth M. Louis MD** **1/13/06** **(813) 977-3776**

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