

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 8:59

DOCUMENT # H84567

(7)

1. Corporation Name

PENINSULA MEDICAL ASSOCIATES, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
4110 MANATEE AVE W
BRADENTON FL 34205
US

Mailing Address
4110 MANATEE AVE W
BRADENTON FL 34205
US

3. Date Incorporated or Qualified
11/04/1985

3a. Date of Last Report
02/10/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25 Country

30 Country

4. FEI Number
59-2322344

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. The corporation has liability for intangible tax under S. 193.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

KALLINS, MARC
417 28TH ST. N.
HOLMES BEACH FL 34217

81 Name
Kallins, Marc
82 Street Address (P.O. Box Number is Not Acceptable)
61 Shore Acres Dr NW
83 City
Bradenton FL 85 Zip Code
34209

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
KALLINS, MARC
417 28TH ST. N.
HOLMES BEACH FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
PD
Kallins, Marc
6101 Shore Acres Dr NW
Bradenton FL 34209 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
SEC
JUNGREIS, ALEXANDER
1604 PALMA SOLA BLVD
BRADENTON FL 34209 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 112.07(3)(h), 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:

Marc S. Kallins MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-95 941-750 0602
Date

0337559 CP