

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H84567** (7)

1. Corporation Name
PENINSULA MEDICAL ASSOCIATES, P.A.

Principal Place of Business

**4110 MANATEE AVE W
BRADENTON FL 34205
US**

Mailing Address

**4110 MANATEE AVE W
BRADENTON FL 34205-1718
US**

3. Date Incorporated or Qualified **11/04/1985** 3a. Date of Last Report **02/23/1996**

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **4110 Manatee Ave W**

Suite, Apt. #, etc.

22 City & State **Bradenton FL**

24 Zip **34205** 25 Country **US**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**KALLINS, MARC
6121 SHORE ACRES DR NW
BRADENTON FL 34209**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KALLINS, MARC	
STREET ADDRESS	6121 SHORE ACRES DR NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	JUNGREIS, ALEXANDER	
STREET ADDRESS	1604 PALMA SOLA BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	NORRIS, STEVEN	
STREET ADDRESS	1223 78TH ST NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARC S. KALLINS	
1.3 STREET ADDRESS	604 86th ST CT NW	
1.4 CITY-ST-ZIP	Bradenton FL 34209	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alexander C. Jungreis	
2.3 STREET ADDRESS	1604 Palma Sola Blvd	
2.4 CITY-ST-ZIP	Bradenton, FL 34209	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Steven A. Norris	
3.3 STREET ADDRESS	116 81st ST W	
3.4 CITY-ST-ZIP	Bradenton FL 34209	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kevin L. Boyer	
4.3 STREET ADDRESS	1371 Perico Pt Cir	
4.4 CITY-ST-ZIP	Bradenton FL 34209	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97 941.750.0602
Date Daytime Phone

CR2E034 (9/96)