

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 10:06

DOCUMENT # H98980

(6)

1. Corporation Name

SHAWN M. HOLLANDER, O.D., P.A.

Principal Place of Business

**3435 49 STREET NORTH
ST PETERSBURG FL 33710
US**

Mailing Address

**3435 49 STREET NORTH
ST PETERSBURG FL 33710
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1986

3a. Date of Last Report

02/10/1994

4. FEI Number

59-2556997

Applied For

Not Applicable

5. Certificate or 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

21 654 EAST LAKE RD

2a. Mailing Address

26 654 EAST LAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 PALM HARBOR FL

Zip

Country

24 34685

City & State

28 PALM HARBOR FL

Zip

Country

29 34685

30

9. Name and Address of Current Registered Agent

**HOLLANDER, SHAWN M.
1740 POWDER RIDGE DR.
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name

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

83 2977 ELYSIUM WAY

84 City

CLEARWATER

FL

85 Zip Code

34619

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 this is applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

HOLLANDER, SHAWN M.

STREET ADDRESS

1740 POWDER RIDGE DR.

CITY - ST - ZIP

PALM HARBOR FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

2977 ELYSIUM WAY

1.4 CITY - ST - ZIP

CLEARWATER FL 34619

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Shawn M. Hollander

SHAWN M. HOLLANDER

1-9-95 (813) 784-3957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone