

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J10879** (1)
1. Corporation Name
KEVIN J. GREENWOOD, C.R.N.A., P.A.

Principal Place of Business	Mailing Address
260 TADS TRAIL OLDSMAR FL 34677 US	260 TADS TRAIL OLDSMAR FL 34677 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/24/1986	3a. Date of Last Report 07/20/1994
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2. Principal Place of Business	2a. Mailing Address
21 9540 Venture DR	26 9540 Venture DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 New Port Richey	28 FL
Zip	Zip
24 34655	29 34655
Country	Country
25 USA	30 USA

4. FEI Number 59-2671837	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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GREENWOOD, KEVIN J. C.R.N.A., P.A.
260 TADS TRAIL
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 9540 Venture DR	FL 34655
83	
84 City New Port Richey	

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]* **president Kevin J Greenwood** **4/27/95**
Signature typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when consulting) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GREENWOOD, KEVIN J.
STREET ADDRESS	260 TADS TRAIL
CITY - ST - ZIP	OLDSMAR 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	9540 Venture DR
14 CITY - ST - ZIP	New Port Richey, FL 34655
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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]* **Kevin J Greenwood** **4/27/95** **813-376-9095**
Signature typed or printed name of signing officer or director Date Mailing Phone #