

# 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 JUL -1 AM 9:55

DOCUMENT # **J25064** (3)

1. Corporation Name

**K. MICHAEL KEIL, M.D., P.A.**

Principal Place of Business

**104 STONEBROOK COURT  
ROUTE 2 BOX 688  
LONGWOOD FL 32779-3368  
US**

Mailing Address

**104 STONEBROOK CT  
LONGWOOD FL 32779-3368  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/18/1986**

3a. Date of Last Report  
**06/02/1994**

4. FEI Number  
**59-2702504**

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 **As Above**

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 **As Above**

Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**KEIL, K M  
104 STONEBROOK CT  
LONGWOOD FL 32779**

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]*

**5/31/95**

Signature of latest or present officer or director of corporation and the registered agent

Signature of latest or present officer or director of corporation and the registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE **DP**  
NAME **KEIL, K. MICHAEL, M.D.**  
STREET ADDRESS **104 STONEBROOK CT**  
CITY, ST, ZIP **LONGWOOD 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 119.07(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]* **K. MICHAEL KEIL, M.D.**

**5/31/95 (407) 262-1579**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Date

# 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

DOCUMENT # J25086

(6)

1. Corporation Name

SLAUGHTER INVESTMENT CORP.

Principal Place of Business

Mailing Address

% TOM V. SLAUGHTER  
7700 SUN ISLAND DRIVE SOUTH, APT. 805  
ST. PETERSBURG FL 33707

% TOM V. SLAUGHTER  
7700 SUN ISLAND DRIVE SOUTH, APT. 805  
ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1986

3a. Date of Last Report

01/19/1994

4. FEI Number

~~59-2718518~~ 59-2718518

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLAUGHTER, TOM V.  
7700 SUN ISLAND DRIVE SOUTH  
APT. 805  
ST. PETERSBURG FL 33707

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME SLAUGHTER, JACQUELYN  
STREET ADDRESS 7700 SUN ISLAND DR S 805  
CITY - ST - ZIP ST. PETERSBURG FL 33707

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE DVP  
NAME MITCHUM, JANICE  
STREET ADDRESS 850 PARK CT  
CITY - ST - ZIP PALM HARBOR FL 34683

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE DVP  
NAME WATSON, SUSAN  
STREET ADDRESS 7850 SUNDOWN DR.  
CITY - ST - ZIP ST. PETERSBURG FL 33709

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

TITLE DTS  
NAME SLAUGHTER, TOM V.  
STREET ADDRESS 7700 SUN ISLAND DR S 805  
CITY - ST - ZIP ST. PETERSBURG FL 33707

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE ☐ Change ☐ 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 119.07(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:

TOM V. SLAUGHTER  
*Tom V. Slaughter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-95

813-360-3032

Date

Daytime Phone