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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #
1. Corporation Name

J25064

(3)

K. MICHAEL KEIL, M.D., P.A. Principal Place of Business Mailing Address													
104 STONEBROOK COURT ROUTE 2 BOX 800 LONGWOOD FL 32779-3368				104 STONEBROOK CT LONGWOOD FL 32779-3368									
US) FL 32779-3300			US					3. Date Incorporated or 0 07/18/1986	Qualified	3a. Da	e of Last 06/06/	
2. Principal Pla	ce of Business		2a.	Mailing Address					4. FEI Number		.Ł	00,00,	Applied For
1 104 5	stonebrock	Court	26						59-2702504				Not Applicable
Suife, Apt. #	, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status De	esired			5 Additional Required
City & State			——————————————————————————————————————	City & State					6. Election Campaign Fin			\$5.	00 May Be
ار ده ادم بر	w, Fl	ountry	28	Z _i p		intry			Trust Fund Contributio				ed to Fees
32711-3	21p Country 25 US			29					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes The Yes No No				s 199.032,
	9. Name and A	Address of Curre	nt Registe	ered Agent		81	Magaza		10. Name and Address	of New R	egistered	Agent	
14511 64						81	Name						
KEIL, K M 104 STONEBROOK CT						82	Street Addr		s (P.O. Box Number is Not	Acceptab	le)		
LONGW	VOOD FL 32779)				83							
						84	City				Fi	85 2	Zip Code
or registere	ed agent, or both, in and accept the o	n the State of Flor	rida. Such i	change was author	xized by the	corpo	oration's	board o	on submits this statement for directors. I hereby accep	t the appo	ointment a	s registere	d agent. I am
IGNIATI IEE											DATE		
IGNATURE	Sign at tre, typics or produc		nt and the if as	K ac at the	(NOTE: Registerer						DATE		
IGNATUFIE 2. IIIE	Operatine, typic or protec	OFFICERS AN	nt and the if as	K not eather	(NOTE: Registere	: Agenl			an reinstafing)		DATE		ORS IN 12
IGNATURE 2. IIIE	DP KEIL, K. MK	OFFICERS AN	nt and the if as	K ac at the	(NOTE Registere: 13.	: Agent	t signature re		an reinstafing)		DATE	D DIRECT	ORS IN 12
GNATURE 5 2. IF ME HEEL ADDRESS	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	K ac at the	(NOTE Registeres 13. 1.1.1 1.2.N 1.3.S	: Ageni TITLE SAME	t signature re		an reinstafing)		DATE	D DIRECT	ORS IN 12
IGNATURE 5 2. ILLE MME REEL ADDRESS TY-ST-ZIP	DP KEIL, K. MK	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	K ac at the	(NOTE: Registered 13. 1.11 1.2 N 1.3 S 1.4 C	: Agent TITLE IAME ITREET	t signature re		an reinstafing)		DATE ICERS AN	D DIRECT ☐ Change	ORS IN 12
IGNATUFIE S 2. IIIE AME HEEL ADURESS IY - SI - ZIP	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	ORS DELETE	(NOTE Registeres 13. 1.1.1 1.2.N 1.3.S	: Agent TITLE SAME STREET SITY-SI	t signature re		an reinstafing)		DATE ICERS AN	D DIRECT	ORS IN 12
GNATURE g 2. III MM: REELADDRESS IY-S1-70* III MK	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	ORS DELETE	13. 1.11 1.2N 1.3S 1.4C 2.11 2.2N	TITLE SAME STREET STY-ST	t signature re		an reinstafing)		DATE ICERS AN	D DIRECT ☐ Change	ORS IN 12
GNATURE 2. ITE ME HELL ADDRESS IV-S1-7/P ILE ME HELL ADDRESS	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	ORS DELETE	13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S	TITLE SAME STREET STY-ST	ADDRESS ADDRESS		an reinstafing)		DATE ICERS AN	D DIRECT ☐ Change	ORS IN 12
GNATURE 5 2. III ME HELL ADDRESS IV-S1-7/P III WE HELL ADDRESS IV-S1-7/P	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	ORS DELETE	13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S	TITLE TABLET TOTLE TAME TAME TAME TAME TAME TAME TAME TAM	ADDRESS ADDRESS		an reinstafing)		DATE ICERS AN	D DIRECT ☐ Change	ORS IN 12 Addition Addition
GNATURE s 2. IIIE ME ADDRESS IY-SI-ZIP ILE ME ADDRESS IY-SI-ZIP LE IM IM IM IM IM IM IM IM IM I	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	CORS DELETE	13. 1.13 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.11 3.2 N	TITLE TITLE TREET TITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP		an reinstafing)		DATE ICERS AN	D DIRECT ☐ Change ☐ Change	ORS IN 12 Addition Addition
GNATURE 2. IIIE ME HELLADDRESS IY-SI-70P ILE MY SI-70P ILE IMME HELLADDRESS HY SI-70P ILE IMME HELLADDRESS HY SI-70P	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	CORS DELETE	13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.11 3.2 N 3.3 S	TITLE TAME TAME TAME TAME TAME TAME TAME TAM	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS		an reinstafing)		DATE ICERS AN	D DIRECT ☐ Change ☐ Change	ORS IN 12 Addition Addition
GNATURE 2. IIIE ME ADDRESS IY ST-70P ILE MY EACH ADDRESS IY ST-70P LLE MY EACH ADDRESS IY ST-70P LLE MY EACH ADDRESS IY ST-70P LLE MY EACH ADDRESS IY ST-70P	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	DELETE	13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.7 T 3.2 N 3.3 S 3.4 C	TITLE SAME TREET TITLE SAME TITLE TITLE SAME TITLE TIT	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS		an reinstafing)		DATE	D DIRECT Change Change	ORS IN 12 Addition Addition
IGNATURE 2. IIIE ME REELADDRESS IY-SI-ZIP ILE MY REELADDRESS IY-SI-ZIP ILE MW ME REELADDRESS IY-SI-ZIP ILE MW REELADDRESS IY-SI-ZIP	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	CORS DELETE	13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.11 3.2 N 3.3 S 3.4 C 4.1 T	TITLE TAME TREET TITLE TAME TREET TITLE TREET TITLE TAME TREET TITLE TAME TAME TAME TAME TAME TAME TAME TAM	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS		an reinstafing)		DATE	D DIRECT ☐ Change ☐ Change	ORS IN 12 Addition Addition
GNATURE 2. IIIE ME ADDRESS IY-SI-ZIP ILE MY SI-ZIP ILE IMME REEL ADDRESS IY-SI-ZIP ILE IMME REEL ADDRESS IY-SI-ZIP ILE IMME IMME IX-SI-ZIP ILE IMME IX-SI-ZIP ILE IX-SI-ZIP ILE IX-SI-ZIP ILE IX-SI-ZIP ILE IX-SI-ZIP ILE IX-SI-ZIP ILE IX-SI-ZIP	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	DELETE	13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.11 3.2 N 3.3 S 3.4 C 4.11 4.2 N	TITLE TABLET TAB	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		an reinstafing)		DATE	D DIRECT Change Change	ORS IN 12 Addition Addition
GNATURE 2. IF ME HEET ADDRESS IY-ST-ZIP LE ME HADDRESS IY-ST-ZIP	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	DELETE	13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.11 3.2 N 3.3 S 3.4 C 4.11 4.2 N 4.3 S	TITLE THE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		an reinstafing)		DATE	D DIRECT Change Change	ORS IN 12 Addition Addition
GNATURE 2. ITE ME HEEL ADDRESS IY-SI-ZIP ITE MY SI-ZIP ITE IMM HEEL ADDRESS IY-SI-ZIP ITE MM HEEL ADDRESS IY-SI-ZIP ITE MM HEEL ADDRESS IY-SI-ZIP	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	DELETE	13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.11 3.2 N 3.3 S 3.4 C 4.11 4.2 N 4.3 S	TITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		an reinstafing)		DATE ICERS AN	D DIRECT Change Change	ORS IN 12 Addition Addition Addition
GNATURE 2. IIIE ME REELADDRESS IY-SI-ZIP ILE MY REELADDRESS IY-SI-ZIP ILE MY REELADDRESS IY-SI-ZIP ILE MW REELADDRESS IY-SI-ZIP ILE MW REELADDRESS IY-SI-ZIP ILE	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	DELETE	13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.11 3.2 N 3.3 S 3.4 C 4.7 T 4.2 N 4.3 S 4.4 C	TITLE THEET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		an reinstafing)		DATE ICERS AN	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
GNATURE 2. IIIE ME ALET ADDRESS IY: ST-ZIP ILE MY REET ADDRESS IY: ST-ZIP ILE MY REET ADDRESS IY: ST-ZIP ILE MY REET ADDRESS IY: ST-ZIP ILE MY IL	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	DELETE	13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.11 3.2 N 3.3 S 3.4 C 4.11 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N	TITLE TABLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		an reinstafing)		DATE ICERS AN	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
GNATURE 2 IIIE ME ADDRESS IY-SI-ZIP ILE MY SI-ZIP ILE MAE REEL ADDRESS IY SI-ZIP ILE MY SI-ZIP	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	DELETE DELETE DELETE	13. 1.11 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.4C 3.11 3.2N 3.3S 3.4C 4.11 4.2N 4.3S 4.4C 5.11 5.2N 5.3S	TITLE TABLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		an reinstafing)		DATE ICERS AN	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
IGNATURE 2. IIIF AME PRET ADDRESS IY SI-ZIP ILE AME HEEL ADDRESS	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	DELETE	13. 1.11 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.4C 3.11 3.2N 3.3S 3.4C 4.11 4.2N 4.3S 4.4C 5.11 5.2N 5.3S	TITLE TAME TREET THEET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		an reinstafing)		DATE ICERS AN	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition Addition
PIGNATURE 2. THE AME THE LADDRESS TY ST-ZIP THE AME THE LADDRESS THY ST-ZIP THE	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	DELETE DELETE DELETE	13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.11 3.2 N 3.3 S 3.4 C 4.11 4.2 N 4.3 S 4.4 C 5.11 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	TAGENT THE THE THE THE THE THE THE THE THE TH	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		an reinstafing)		DATE ICERS AN	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition
SIGNIATI IEE	DP KEIL, K. MK 104 STONE	OFFICERS AND. CHAEL, M.D. BROOK CT	nt and the if as	DELETE DELETE DELETE	13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.11 3.2 N 3.3 S 4.4 C 5.11 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S	TAGENT THE THE THE THE THE THE THE THE THE TH	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP		an reinstafing)		DATE ICERS AN	D DIRECT Change Change Change	ORS IN 12 Addition Addition Addition Addition Addition

SIGNATURE: Mula Sul L K. Michael Keil 3/6/96 407 862-3088