


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # J26257 1. Entity Name KAREN R. KADE, M.D., P.A.	
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Principal Place of Business 7000 S.W. 97TH AVENUE SUNSET INTERNATIONAL CENTER, SUITE 108 MIAMI, FL 33173-1411 US	Mailing Address 7000 S.W. 97TH AVENUE SUNSET INTERNATIONAL CENTER, SUITE 108 MIAMI, FL 33173-1411 US
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DO NOT WRITE IN THIS SPACE



07052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2706399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fes Required

6. Name and Address of Current Registered Agent KADE, KAREN R MD 7000 SW 97 AVENUE, SUITE 108 MIAMI, FL 33173-1411

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KADE, KAREN R. 7000 SW 97TH AV, #108 MIAMI, FL
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10/09/04-80010-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Karen R. Kade* 7/6/04 305-596-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #