

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
95 MAR - 1 PH 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J48557** (9)

1. Corporation Name  
**KERKES, MOORE AND MCCOMMON, M.D., P.A.**

**KERKES AND MOORE, M.D., P.A.**

Principal Place of Business Mailing Address  
51 PENNSYLVANIA STREET 51 PENNSYLVANIA STREET  
ORLANDO FL 32806 ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/23/1986** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2743840** 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 28 Country 29 Zip 30 Country  
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

KERKES, MICHAEL J. MD  
7258 BRANCHTREE DR.  
ORLANDO FL 32811

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 *Michael J. Kerkes MD* DATE **2/20/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCOMMON, DENNIS H.
STREET ADDRESS	1275 ST TROPEZ CIRCLE
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	MOORE, MICHAEL J.
STREET ADDRESS	128 ANNIE STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	TD
NAME	KERKES, MICHAEL J.
STREET ADDRESS	7258 BRANCHTREE DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. DATE

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Delete
1.4 CITY - ST - ZIP	
2.1 TITLE	President/Trea <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Moore Michael J.
2.3 STREET ADDRESS	51 Pennsylvania St (Temp)
2.4 CITY - ST - ZIP	Orlando, FL. 32806
3.1 TITLE	VP/Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kerkes, Michael J.
3.3 STREET ADDRESS	7258 Branchtree Dr.
3.4 CITY - ST - ZIP	Orlando, FL 32811
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	500001420585
4.4 CITY - ST - ZIP	-03/03/95--01039--024 ****200.00 ****200.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael J. Kerkes MD* DATE: **2/20/95** TIME: **4:07-290-2258**