

FILED
May 28 1998 8:00am
Secretary of State

05/01/98 FRI 06:45 FAX 1 352 686 6197

FTN OF SPRING HILL

FILE NOW: FILING FEE AFTER MAY 15 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K14849

(1)

1. Corporation Name

MARY ANNE Kolar, D.D., P.A.

Principal Place of Business

5318 Sandra Drive
Spring Hill, FL 34607

Mailing Address

5318 Sandra Drive
Spring Hill, FL 34607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1987

2. Principal Place of Business

21 5318 Sandra Drive

2a. Mailing Address

26 5318 Sandra Drive

4. FET Number

59-2876175

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

22 Spring Hill, FL

City & State

27 Spring Hill FL

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

Zip

23 34607

Country

24 Hernando

Zip

28 34607

Country

29 Hernando

8. If a corporation owes or has paid the current year's Intangible
Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Kolar, Mary Anne
5318 Sandra Drive
Spring Hill, FL 34607

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 607.0602 and 607.0603, 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 required
agent. I understand that I am accepting the obligations of, Section 607.0603 Florida Statutes.

SIGNATURE

Mary Anne Kolar

4/27/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Kolar, Mary Anne
STREET ADDRESS 5318 Sandra Drive
CITY-ST-ZIP Spring Hill, FL 34607

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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14. 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 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 change of address is indicated with an address.