

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra E. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K54802** (9)

1. Corporate Name

**BRUCE S. KENNEDY, D.M.D., M.D., P.A.**



Principal Place of Business

**411 LAKEBRIDGE PLAZA DR.  
ORMOND BEACH FL 32174  
US**

Mailing Address

**411 LAKEBRIDGE PLAZA DRIVE  
ORMOND BEACH FL 32174  
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KENNEDY, BRUCE S.  
411 LAKEBRIDGE PLAZA DR.  
ORMOND BEACH FL 32174**

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 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Address of Registered Agent)

Signature of Officer or Director (Print Name and Address of Officer or Director)

Date

12. OFFICERS AND DIRECTORS

TITLE

**PD  
KENNEDY, BRUCE S.  
411 LAKEBRIDGE PLAZA DR  
ORMOND BEACH FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**ST  
KENNEDY, LESA D.  
411 LAKEBRIDGE PLAZA DR  
ORMOND BCH FL**

☐ DELETE

NAME

STREET ADDRESS

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**ST  
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