

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K55040** (5)  
1. Corporation Name  
**KEVIN P. THONI, M.D., P.A.**



Principal Place of Business		Mailing Address	
% KEVIN P. THONI 130 SPRING VALLEY LOOP ALTAMONTE SPRINGS FL 32714 US		% KEVIN P. THONI 130 SPRING VALLEY LOOP ALTAMONTE SPRINGS FL 32714 US	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
24	25	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified <b>01/01/1989</b>	3a. Date of Last Report <b>01/24/1995</b>
4. FEI Number <b>59-2924439</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THONI, KEVIN P.</b> <b>130 SPRING VALLEY LOOP</b> <b>ALTAMONTE SPRINGS FL 32714</b>				81	Name		
				82	Street Address (P.O. Box Numbers Not Acceptable)		
				83			
				84	City		
				FL	85	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: *Kevin Thoni* (Kevin Thoni) DATE: **3-13-96**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THONI, KEVIN P		12 NAME		
STREET ADDRESS	130 SPRING VALLEY LOOP		13 STREET ADDRESS		
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL		14 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-STATE-ZIP			24 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-STATE-ZIP			34 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-STATE-ZIP			44 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-STATE-ZIP			54 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-STATE-ZIP			64 CITY-STATE-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 119.07(3)(k), 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: *Kevin Thoni* (Kevin Thoni) DATE: **3-13-96** (707) 682-6921

CR2E034 (12/95)