FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K88562

Country

9. Name and Address of Current Registered Agent

25

Zip

24

KENNETH L. SANDERS, M.D	., P.A.	
Principal Place of Business	Mailing Address	
5216 CLAYTON COURT FT MYERS FL 39907	5216 CLAYTON COURT FT MYERS FL 33907	
2. Principal Place of Business	2a. Mailing Address	<u>.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

29

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90228 021 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

05/12/1989 4. FEI Number

65-0121234

SANDERS, KENNETH L., M.D. 5216 CLAYTON COURT			٠.۱	1101110				
			82 Street Address (P.O. Box Number is Not Acceptable)					
SUIT	ΈΗ		83					
FT M	MYERS FL 33907				<u> </u>	11		
			84	City	FL	85	Zip Co	ode)
office or n agent. I a	to the provisions of Sections 607.0502 and 607.1508, Florida S egistered agent, or both, in the State of Florida. Such change w m familiar with, and accept the obligations of, Section 607.0505	vas authorized	by t	named he corpo	corporation submits this statement for the purpose of	hangir tment	g its regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent	signature re	equired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AN	DIRE	CTOR	S IN 12
TITLE	D DELET	ΓE 1.1 TIT	LE			Cha	nge	☐ Addition
NAME	SANDERS, KENNETH L., M.D	1.2 NA	ME					
STREET ADDRESS	5216 CLAYTON COURT	1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	FT MYERS FL	1.4 CF	Y-ST	ZIP				
TITLE	☐ DELET	TE 2.1 TIT	LΕ			Cha	inge	☐ Addition
NAME		2.2 NA	ME					
STREET ADDRESS		2.3 ST	REET.	ADDRESS				
CITY-ST-ZIP		2.4 CI	TY-SI	-ZIP				
TITLE	DELE	TE 3.1 TS	ìΕ	-,		Chi	inge	Addition
NAME		3.2 NA	ME					
STREET ADDRESS		3.3 ST	REET	address				
CITY-ST-ZIP		3.4. CI	TY- S1	-ZIP				
TITLE	☐ DELE	TE 4.1 TT	ſLΕ			Cha	inge	☐ Addition
NAME		4. 2 N	AME					
STREET ADDRESS		4.3 ST	REET	ADORESS				
CITY-ST-ZIP	<u> </u>	4.4 CI	TY-ST	-ZIP				CT A LUCKA A
TITLE	☐ DELE					Cha	inge	Addition
NAME		5.2 NA						
STREET ADDRESS				ADDRESS				ļ
CITY-ST-ZIP		5.4 CF		-ZIP				- Addition
TITLE	□ DELE					☐ Cha	ınge	Addition
NAME		6.2 NA						
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		6.4 CI				£ . 4b - 4	45 = 1=4	
14. I hereby of	certify that the information supplied with this filing does not qua	lify for the exe	mptic	on stated	in Section 119.07(3)(i), Florida Statutes. I further cert	iy that	me in	ornation

Country

81 Name

30

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, with all other like empowered.