

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L75489** (9)

1. Corporation Name

**KNIZLEY ENDOCRINE AND DIABETIC CARE, P.A.**



Principal Place of Business

**C/O HOMER KNIZLEY, JR.  
1900 NW 98TH ST.  
GAINESVILLE FL 32606**

Mailing Address

**C/O HOMER KNIZLEY, JR.  
1900 NW 98TH ST.  
GAINESVILLE FL 32606**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**KNIZLEY, HOMER, JR.  
1900 NW 98TH ST.  
GAINESVILLE FL 32606**

3. Date Incorporated or Qualified

**05/18/1990**

3a. Date of Last Report

**04/04/1995**

4. FEI Number

**65-0199943**

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

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 607.0502 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

Signature, typed or printed name of registered agent and the filer.

Signature, typed or printed name of registered agent and the filer.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P  
KNIZLEY, HOMER, JR.  
1900 NW 98TH ST.  
GAINESVILLE FL**

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ Change

☐ Addition

SIGNATURE:

*Homer Knizley Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*HOMER KNIZLEY Jr*

*04-04-96 352-332 7490*  
DATE DAYTIME PHONE #

CR2E034 (12/95)