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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

121

Corporation	MENT # M651 3. HOLT, M.D., P.A.	(2)				
tincipal Place of Business 7350 SANDLAKE COMMONS BLVD S2229 ORLANDO FL 32819 US		Mailing Address 7350 SANDLAKE COMMONS BLVD S2229 ORLANDO FL 32819 US				
				3. Date Incorporated or Qualified 01/18/1988	3a. Date of L	ast Report 21/1995
Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number		Applied For
		26		FA 0070044		Not Applicable
Suite, Apl. #	, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	□ \$	8.75 Additional
City & State		City & State		Fee Required  6. Election Campaign Financing \$5.00 May Be		
		28		Trust Fund Contribution		Added to Fees
Zψ	Country	Zip	Country	8. This corporation has liability for		der s 199.032,
	25 9. Name and Address of Curre	29 29 Anent	30	Florida Statutes Yes  10. Name and Address of New F	No No	
		The state of the s	81 Name	IV. Name and Address of New F	Jedistolen Wåsi	15
HOLT,	KAY G., M.D.		82 Street Add	ress (P.O. Box Number is Not Acceptat	hla)	
	AND LAKE COMMONS BLVD.			ress ( .e. con Hullison is Not Acceptate		
SUITE			83			
ORLAN	DO FL 32819		84 City		FL B	Zip Code
. Persuant to or registere fæniller witt	the provisions of Sections 607.050 d agent, or both, in the State of Flo i, and accept the obligations of, Sec	02 and 607,1508, Florida Statute rida. Such change was authoriz ction 607,0505, Florida Statutes	es, the above-named corpored by the corporation's boa	ration submits this statement for the purific of directors. I hereby accept the app	roose of changin	g its registered offic stered agent. I am
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SIGNATURE:

KAN & Holt 40
SIGNATURAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR