

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90023 023 ***150.00

DOCUMENT # P01000051377

1. Entity Name
KEVIN V. PALMER, M.D., P.A.



Principal Place of Business

**7515 STATE RD
SUITE 105
HUDSON, FL 34667**

Mailing Address

**7515 STATE RD
SUITE 105
HUDSON, FL 34667**

24005878



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

102

01062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3727547

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALMER, KEVIN V
7515 STATE RD
SUITE 105
HUDSON, FL 34667**

Name
KEVIN V. PALMER

Street Address (P.O. Box Number is Not Acceptable)

7515 STATE RD 52

SUITE 102

City
HUDSON

FL

Zip Code
34667

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PALMER, KEVIN V
14100 FIVAY RD SUITE 320
HUDSON, FL 34667**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
KEVIN V. PALMER, MD.
7515 STATE RD. 52 SUITE 102
HUDSON FL. 34667**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KEVIN PALMER
PRESIDENT**

1-28-04

Date

727-863-0008

Daytime Phone #