

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-02-2004 90008 048 ***150.00

DOCUMENT # P01000083728

1. Entity Name
KENNETH NESS, MD, P.A.



Principal Place of Business
**2617 NORTH FLAGLER DRIVE
SUITE 203
WEST PALM BEACH, FL 33407**

Mailing Address
**P.O BOX 31718
PALM BEACH GARDENS, FL 33420-1718**

34066103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07262004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1139709

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NESS, KENNETH
15142 70TH TRAIL NORTH
PALM BEACH GARDENS, FL 33418**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
NESS, KENNETH
15142 70TH TRAIL NORTH
PALM BEACH GARDENS, FL 33418**

☐ Delete

TITLE
NAME
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

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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

Date

Daytime Phone #

7-28-04

Attachment 57066103
Doc. # 001000083 72 8
WILLIAM G. PEMBROKE, CPA, P.A.

CERTIFIED PUBLIC ACCOUNTANT



1922 SE PORT ST. LUCIE BLVD. • PORT ST. LUCIE, FLORIDA 34952 • OFFICE (772) 335-2256 • FAX (772) 335-9364

July 26, 2004

Dear Client:

Enclosed is your 2004 For Profit Corporation Annual Report, which should be mailed immediately to:

Division of Corporations
PO Box 1500
Tallahassee FL 32302-1500

You should have received a postcard in January with instructions for filing this report with the State of Florida. Please remember to look for this postcard the beginning of next year to prevent receiving the "Notice of Intent to Dissolve" again in 2005.

Please sign in Block 12 and make your check payable to Florida Department of State in the amount of \$150. Please print or type any changes before mailing. Also, please be sure that your FEI number is included in Block 4.

Should you have any questions, please do not hesitate to contact us.

Very truly yours,

William G. Pembroke, CPA