


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90028 042 ***150.00

DOCUMENT # P03000024798 1. Entity Name KOLAR MEDICAL SERVICES, P.A.	
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Principal Place of Business 5318 SANDRA DR SPRING HILL, FL 34607	Mailing Address 5318 SANDRA DR SPRING HILL, FL 34607
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50065898



08252005 No Chg-P CR2E034 (10/03)

4. FEI Number 81-0612406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KOLAR, MARY ANNE 5318 SANDRA DR SPRING HILL, FL 34607	DO NOT WRITE IN THIS SPACE
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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 \$550.00
Due by September 7, 2005**

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	DPST KOLAR, MARY ANNE 5318 SANDRA DR SPRING HILL, FL 34607
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**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 8/29/05 352-5966728

ATTACHMENT

50065898

Mary Anne Kolar, D.O., FACOEP
5318 Sandra Drive
Spring Hill, FL 34607

August 29, 2005

Division of Corporations
Post Office box 6198
Tallahassee, FL 43414

Re: Kolar Medical Services, P.A.
Document #P03000024798

Dir Sir or Madam:

I was quite surprised to receive your Notice of Intent of Dissolve my above referenced Professional Association. Please be advised, at the end of April, I mailed in the 2005 For Profit Corporation Annual Report, along with my check #2310 in the amount of \$150.00. When I checked with my bank, I discovered this check still has not cleared.

I am enclosing a newly prepared 2005 Annual Report with another \$150.00 check in payment of your filing fees. Please process accordingly. Thank You.

Sincerely,



Mary Anne Kolar, D.O., FACOEP

MAK/
Enclosures