2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000024798

1. Entity Name
KOLAR MEDICAL SERVICES, P.A.

Principal Place of Business	Mailing Address
5318 SANDRA DR	5318 SANDRA DR
SPRING HILL, FL 34607	SPRING HILL, FL 34607

DO NOT WRITE IN THIS SPACE

02182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
81-0612406	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOLAR, MARY ANNE
5318 SANDRA DR
SPRING HILL, FL 34607

DO NOT WRITE IN THIS SPACE

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

U00000839357
03/06/08-80005-003 150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	KOLAR, MARY ANNE
STREET ADDRESS	5318 SANDRA DR
CITY-ST-ZIP	SPRING HILL, FL 34607

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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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 exemptions contained in Chapter 119, 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 _____   MARY ANNE KOLAR   X 2/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #