2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069521

Entity Name: KEVIN W. KULOW, M.D., P.A.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1703 LEWIS TURNER BLVD. 449 WEST 23RD STREET FORT WALTON BEACH, FL 32547 PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

1703 LEWIS TURNER BLVD.

10 LAKE LORRAINE CIRCLE SHALIMAR, FL 32579

FEI Number: 20-0146608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KULOW, KEVIN W M.D.

1703 LEWIS TURNER BLVD.

FORT WALTON BEACH, FL 32547 US

KULOW, KEVIN W M.D.

10 LAKE LORRAINE CIRCLE
SHALIMAR, FL 32579 US

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.

SIGNATURE: 04/27/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition KULOW, KEVIN W M.D. KULOW, KEVIN W M.D. Name: Name: 1703 LEWIS TURNER BLVD. Address: 10 LAKE LORRAINE CIRCLE Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN W. KULOW D 04/27/2005