

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90007 025 \*\*\*150.00

DOCUMENT # P03000129820

1. Entity Name

DR. KENNETH R. SYNDER, MD P.A.



Principal Place of Business

12737 NW 68TH DRIVE  
PARKLAND FL 33076

Mailing Address

12737 NW 68TH DRIVE  
PARKLAND FL 33076

2. Principal Place of Business

8000 Ron Beatty Blvd  
Suite B1  
Barefoot Bay, FL  
32976  
Brevard

3. Mailing Address

8000 Ron Beatty Blvd  
Suite B1  
Barefoot Bay, FL  
32976  
Brevard



MOORE

CR2E034 (11/03)

4. FEI Number

20-0385698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SYNDER, KENNETH R  
12737 NW 68TH DRIVE  
PARKLAND FL 33076

7. Name and Address of New Registered Agent

Name: Kenneth R Snyder  
Street Address (P.O. Box Number is Not Acceptable):  
8000 Ron Beatty Blvd  
Suite B1  
City: Barefoot Bay, FL FL Zip Code: 32976

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

Kenneth R Snyder MD

Kenneth R Snyder 1/23/04

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SYNDER, KENNETH R	
STREET ADDRESS	12737 NW 68TH DRIVE	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Snyder	
STREET ADDRESS	8000 Ron Beatty Blvd Suite B-1	
CITY-ST-ZIP	Barefoot Bay, FL 32976	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Kenneth R Snyder MD

Kenneth Snyder 1/23/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #