

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2006 8:00 am
Secretary of State

07-26-2006 90003 039 ***150.00

DOCUMENT # P05000146756

1. Entity Name
RICK A. KUKULKA M.D., P.A.



Principal Place of Business
**2739 VIA CAPRI
#1029
CLEARWATER, FL 33764**

Mailing Address
**2739 VIA CAPRI
#1029
CLEARWATER, FL 33764**

66023119



2. Principal Place of Business
1290 MILANO CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
1290 MILANO CIRCLE
Suite, Apt. #, etc.

07112006 Chg-P CR2E034 (11/05)

City & State
DUNEDIN, FL

City & State
DUNEDIN, FL

4. FEI Number
203877284

Applied For
Not Applicable

Zip
34698

Country
Pineellas

Zip
34698

Country
Pineellas

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

6. Name and Address of Current Registered Agent

**KUKULKA, RICK A.M.D.
2739 VIA CAPRI
#1029
CLEARWATER, FL 33764**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1290 MILANO CIRCLE
City
DUNEDIN FL Zip Code
34698

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]* **RICK KUKULKA MD Pres** **7-16-06**
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
KUKULKA, RICK A
2739 VIA CAPRI, #1029
CLEARWATER, FL 33764** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
KUKULKA RICK A
1290 MILANO CIRCLE
DUNEDIN, FL 34698** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]* **RICK KUKULKA** **7-16-06** **4587**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Annual Reports

6602319 -
P05000146756

Report Year	Filed Date
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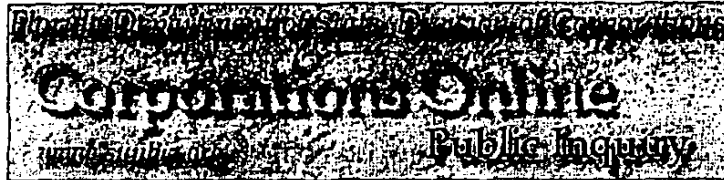
11/02/2005 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)

[Corporations Help](#)

66023119



Florida Profit

RICK A. KUKULKA M.D., P.A.

PRINCIPAL ADDRESS

2739 VIA CAPRI
#1029
CLEARWATER FL 33764

MAILING ADDRESS

2739 VIA CAPRI
#1029
CLEARWATER FL 33764Document Number
P05000146756FEI Number
NONEDate Filed
11/02/2005State
FLStatus
ACTIVEEffective Date
NONE

Registered Agent

Name & Address
KUKULKA, RICK A M.D. 2739 VIA CAPRI #1029 CLEARWATER FL 33764

Officer/Director Detail

Name & Address	Title
KUKULKA, RICK A 2739 VIA CAPRI, #1029 CLEARWATER FL 33764	PSTD