

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000146756

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



Principal Place of Business  
1290 MILANO CIR  
DUNEDIN, FL 34698

Mailing Address  
1290 MILANO CIR  
DUNEDIN, FL 34698



01132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3877284

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KUKULKA, RICK A M.D.  
1290 MILANO CIR  
DUNEDIN, FL 34698

**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 *Rick A. Kukulka M.D.* *RICK A KUKULKA M.D.* *1-19-2006*  
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, 2007 Fee will be \$550.00**

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  
PSTD  
KUKULKA, RICK A  
1290 MILANO CIR  
DUNEDIN, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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03/20/07-80043-001 150.00

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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:

*Rick A. Kukulka M.D.* *RICK A KUKULKA* *1-19-06* *614 302 7587*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #