

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007134

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: MICHELLE E. KOLB, M.D., P.A.

## Current Principal Place of Business:

18055 HIGHWOODS PRESERVE PARKWAY  
TAMPA, FL 33647

## New Principal Place of Business:

## Current Mailing Address:

18055 HIGHWOODS PRESERVE PARKWAY  
TAMPA, FL 33647

## New Mailing Address:

FEI Number: 20-4124016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KOLB, MICHELLE E  
2506 TYLERS RIVER RUN  
LUTZ, FL 33559 US

## Name and Address of New Registered Agent:

KOLB, MICHELLE E  
2171 SWEETBROOM CIRCLE  
LUTZ, FL 33559 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: MICHELLE E KOLB

04/26/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: KOLB, MICHELLE E MD  
Address: 18055 HIGHWOODS PRESERVE PKWY  
City-St-Zip: TAMPA, FL 33647

Title: PD  
Name: KOLB, MICHELLE E  
Address: 2171 SWEETBROOM CIRCLE  
City-St-Zip: LUTZ, FL 33559

Title: PD  
Name: KOLB, MICHELLE E  
Address: 2171 SWEETBROOM CIRCLE  
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Title: PD  
Name: KOLB, MICHELLE E  
Address: 2171 SWEETBROOM CIRCLE  
City-St-Zip: LUTZ, FL 33559

Title: PD  
Name: KOLB, MICHELLE E  
Address: 2171 SWEETBROOM CIRCLE  
City-St-Zip: LUTZ, FL 33559

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE E KOLB

PD

04/26/2012

Electronic Signature of Signing Officer or Director

Date