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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000024475 (3)**

1. Current Name
JARED C. KNIFFEN, M.D., P.A.

Principal Place of Business
6605 NW 9 BLVD
GAINESVILLE FL 32605

Mailing Address
6605 NW 9 BLVD
GAINESVILLE FL 32605

Do not write in this space

3. Date Incorporated or Qualified: **03/24/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **593230303** — Applied For / Not Applicable

State, Apt. # or Bldg. — 22

State, Apt. # or Bldg. — 27

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

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

24 | 25 | 29 | 30

8. This corporation has elected to be taxed as an "S" corporation under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KNIFFEN, JARED C
6605 NW 9 BLVD
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(If changing Registered Agent, Registered Agent must sign here) Date

12. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
D KNIFFEN, JARED C 6605 NW 9 BLVD GAINESVILLE FL 32605	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I declare, under penalty of perjury, that the information supplied with this report is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further declare that the information indicated on this annual report or supplemental annual report is true and I acknowledge 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 12 or Block 13 with an address.

SIGNATURE: *Jared C. Kniffen* 4/19/95 509 371 5589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jared C. Kniffen

003008 CP