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Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000025596 (5)

1. Corporation Name  
GIBBS, KAPLAN, KLONARIS & HAKKI, M.D.'S, P.A.

Principal Place of Business  
34041 U.S. HWY 19 NORTH  
SUITE A  
PALM HARBOR FL 34684-2648

Mailing Address  
34041 U.S. HWY 19 NORTH  
SUITE A  
PALM HARBOR FL 34684-2648



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
04/04/1994

3a. Date of Last Report  
04/14/1996

4. FEI Number  
59-3233548

Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLD, AARON J  
704 WEST BAY STREET  
TAMPA FL 33606

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 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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

*Kerry Kaplan*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD  
NAME GIBBS, KENNETH  
STREET ADDRESS 106 HARBOR DR.  
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ DELETE

TITLE PD  
NAME KAPLAN, KERRY J  
STREET ADDRESS 1522 SILVER MOON LANE  
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ DELETE

TITLE SD  
NAME KLONARIS, JOHN H  
STREET ADDRESS 1983 MUIRFIELD WAY  
CITY-ST-ZIP OLDSMAR FL 34677 ☐ DELETE

TITLE VP  
NAME HAKKI, A-HAMID MD  
STREET ADDRESS 8547 MERRIMAR BLVD. EAST  
CITY-ST-ZIP LARGO FL 34647 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 1508 STURBRIDGE  
4.4 CITY-ST-ZIP DUNEDIN, FL 34698

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Kerry Kaplan MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97  
Date

813-781-0204  
Daytime Phone #

CR2E034 (9/96)