

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90003 009 *****8.75

08-10-1999 90003 010 ***150.00

DOCUMENT # P95000038006

1. Corporation Name

WERNER KNURR, M.D., P.A.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1995

4. FEI Number

59-3317478

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BOKOR, BRUCE H
911 CHESTNUT STREET
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

Same

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

Same

83 City

Same

84 State

FL

85 Zip Code

33756

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/29/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KNURR, WERNER	
STREET ADDRESS	672 POINSETTIA RD #53	
CITY-ST-ZIP	BELLEAIR FL 34616	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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

SIGNATURE REQUIRED

7/26/99

727/199-9727

0001936

CR2E034 (5/99)

P95000038006
403184-90003-S

JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS, P.A.

ATTORNEYS AND COUNSELLORS AT LAW

E. D. ARMSTRONG III
BRUCE W. BARNES
JOHN T. BLAKELY
BRUCE H. BOKOR
GUY M. BURNS
JONATHAN S. COLEMAN
MICHAEL T. CRONIN
ROBERT M. DAISLEY
ELIZABETH J. DANIELS

MARION HALE
JAMES W. HUMANN
SCOTT C. ILGENFRITZ
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MICHAEL C. MARKHAM
STEPHANIE T. MARQUARDT
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JULIUS J. ZSCHAU
*OF COUNSEL

PLEASE REPLY TO CLEARWATER

FILE NO. 11106.93299

July 30, 1999

Secretary of State
Division of Annual Reports
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: 1999 Annual Report for Werner Knurr, M.D., P.A.
Document No. P95000038006

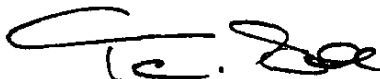
Dear Sir or Madam:

I have enclosed for filing the 1999 Annual Report for Werner Knurr, M.D., P.A. As indicated on the Annual Report, Bruce H. Bokor is the Registered Agent of the corporation. The enclosed Annual Report indicates that it is a second notice from the Secretary of State, however, an original Annual Report was never received by our office. Therefore, I am requesting that the late fees for filing the Annual Report be waived. I have enclosed two checks totaling \$158.75 which reflect the \$150 filing fee and an additional \$8.75 for a Certificate of Status. Please file the enclosed Annual Report and contact me in the event you would like to discuss the waiver of late fees.

Thank you in advance for your attention to this matter. I look forward to hearing from you soon.

Sincerely,

JOHNSON, BLAKELY, POPE,
BOKOR, RUPPEL & BURNS, P.A.



Tami Lee Meagher, Legal Assistant

:tlm

Enclosures

Cc: Bruce H. Bokor, Esquire
191889.01

CLEARWATER OFFICE
911 CHESTNUT STREET
POST OFFICE BOX 1368
CLEARWATER, FLORIDA 33756-1368
TELEPHONE: (727) 461-1818
TELECOPIER: (727) 441-8617
BANKRUPTCY TELECOPIER (727) 443-6548

TAMPA OFFICE
100 NORTH TAMPA STREET
SUITE 1800
POST OFFICE BOX 1100
TAMPA, FLORIDA 33602-5145
TELEPHONE (813) 225-2500
TELECOPIER (813) 223-7118

NAPLES OFFICE
975 SIXTH AVE. S
POST OFFICE BOX 1368
NAPLES, FLORIDA 34102
TELEPHONE (941) 435-0035
TELECOPIER: (941) 435-9992