

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000088381

1. Entity Name

KENNETH L. HOLLING, M.D., P.A.



Principal Place of Business

509 RIVERSIDE DR.
SUITE 200
STUART, FL 34994

Mailing Address

509 RIVERSIDE DR.
SUITE 200
STUART, FL 34994

FILED
Feb 16, 2007 08:00 AM
Secretary of State



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0632132

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

HOLLING, KENNETH
509 RIVERSIDE DR., SUITE 200
STUART, FL 34994

**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

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
PVTs
HOLLING, KENNETH L MD
509 RIVERSIDE DR., SUITE 200
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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U00000638326
02/27/07-80026-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/07

Date

772-283-5866

Daytime Phone #