

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # **995000088381**

1. Entity Name

**KENNETH L. HOLLING, MD, P.A.**



**FILED**

**2011 DEC 13 PM 1:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

**509 RIVERSIDE DR**

3. Mailing Address

**509 RIVERSIDE DR**

Suite, Apt. #, etc

**200**

Suite, Apt. #, etc

**200**

City & State

**STUART, FL**

City & State

**STUART, FL**

4. FEI Number

**650632132**

Applied For

Not Applicable

Zip

**34994**

Country

**USA**

Zip

**34994**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034B (1/11)

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**FOX, M. LANNING**

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

**3473 S.E. WILLOUGHBY BLVD**

City

**STUART**

FL

Zip Code

**34994**

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 re-instating)

DATE

**12-6-11**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

**\$5.00** May Be

Trust Fund Contribution

Added to Fees

E-mail Address:

**DHIMESON@COMCAST.NET**

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PVTS  
HOLLING, KENNETH L MD  
509 RIVERSIDE DR SUITE 200  
STUART FLORIDA 34994**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~12/09/11 01031 015 \*\*150.00~~

**100215044501**  
~~12/09/11 01031 015 \*\*150.00~~

**DO NOT WRITE  
IN THIS SPACE**

**12/13**

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 on an attachment with an address, with all other like empowered, I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**12-6-11 7722835864**