

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90399 001 ***150.00
02-14-2003 90399 002 *****8.75

DOCUMENT # P95000088381

1. Entity Name
KENNETH L. HOLLING, M.D., P.A.



Principal Place of Business
550 CRESCENT HILLS DR
LAKELAND FL 33813

Mailing Address
550 CRESCENT HILLS DR
LAKELAND FL 33813

2. Principal Place of Business
509 RIVERSIDE DR

3. Mailing Address
509 RIVERSIDE DR

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
STUART FL

City & State
STUART FL

Zip **34994** **Country** **USA**

Zip **34994** **Country** **USA**

4. FEI Number **65-0632132**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLING, KENNETH
550 CRESCENT HILLS DR
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name **KENNETH HOLLING**
Street Address (P.O. Box Number is Not Acceptable)
509 RIVERSIDE DRIVE Suite 200
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 *Kenneth Holling* **2/9/03** **DATE**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ **Delete**
NAME **D HOLLING, KENNETH L MD**
STREET ADDRESS **550 CRESCENT HILLS DR**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME **DIV/TT5 KENNETH HOLLING**
STREET ADDRESS **509 RIVERSIDE DRIVE Suite 200**
CITY-ST-ZIP **STUART, FLORIDA 34994**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: *Kenneth L. Holling MD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/03 **DATE** **772-283-LUNG** **863-670-6822** **DAYTIME PHONE #**

CR2E034 (10/02)