

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030022

1. Entity Name
KITAY MEDICAL CONSULTANTS, P.A.

Principal Place of Business

~~6544 FAIRWAY GARDENS DRIVE~~
BRADENTON FL 34203-8843

Mailing Address

~~6544 FAIRWAY GARDENS DRIVE~~
BRADENTON FL 34203-8843

2. Principal Place of Business

113 WILLOW BEND LAKE

Suite, Apt. #, etc.

3. Mailing Address

113 WILLOW BEND LAKE

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

Zip

32174

Country

USA

City & State

ORMOND BEACH FL

Zip

32174

Country

USA

4. FEI Number

59-3371201

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOHLUST, G. CHARLES
230 LOOKOUT PLACE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

DAVID Z. KITAY, M.D.

1/4/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME KITAY, DR DAVID Z.
STREET ADDRESS 6544 FAIRWAY GARDENS DRIVE
CITY-ST-ZIP BRADENTON FL 34203-8843 ☒ Delete

TITLE P
NAME KITAY, DR DAVID Z.
STREET ADDRESS 113 WILLOW BEND LAKE
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 11 or Block 12 if 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

Date

Daytime Phone #

DAVID Z. KITAY MD 1/4/02 316-8091

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90015 019 ***150.00



DO NOT WRITE IN THIS SPACE

0019136 AV

CR2E034 (9/01)