SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

10/2

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
'97 AUG 26 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000060629 (8)

1. Corporation Name
KIRK G. VOELKER, M.D., P.A.

Principal Place of Business	Mailing Address
3920 BEE RIDGE ROAD BLDG. C. UNIT C SARASOTA FL 34233	3920 BEE RIDGE ROAD BLDG. C. UNIT C SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 1985 Floyd ST
22: Suite, Apt. #, etc.
23: City & State: SARASOTA, FL
24: Zip
25: Country

2a. Mailing Address
26: P.O. Box 3319
27: Suite, Apt. #, etc.
28: City & State: SARASOTA, FL
29: Zip: 34230
30: Country: USA

4. FEI Number: 65-0685521 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: KIRK G. VOELKER, M.D
82 Street Address (P.O. Box Number is Not Acceptable): 1985 Floyd St
83
84 City: SARASOTA FL 85 ZipCode: 342

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: _____ 8/15/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. KIRK G. VOELKER M.D. 8240 MIDNIGHT PASS RD SARASOTA FL 34242	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002273076--4 -08/27/97--01111--017 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/97)

14. I do 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 Pres.

George V. Famiglio, Jr.
& ASSOCIATES
A Professional Accountancy Corporation

Certified Public Accountants with
Masters Degrees in Taxation

Established 1971 – Member of
AICPA/Tax Division and FICPA

George V. Famiglio, Jr., CPA/PFS, CFP
Masters Degree in Taxation
Admitted to Practice U.S. Tax Court

Jane D. Famiglio
D/Executive Director

Catherine M. Astronskas
Certified Public Accountant

Yolanda M. Czerwinski
Sr. Staff Accountant

August 18, 1997

Division of Corporation
P.O.Box 6327
Tallahassee, FL 32314

RE: Kirk G. Voelker, M.D.,P.A.,EIN#65-0685521
P96000060629,
Form : 201 Cor Profit A/R

Our client listed above has never received from you the initial Notice for Annual Report with a fee of $165.00 due. Enclosed you will find the report duly signed and check attached for Annual Fee of $165.00. Please waive the penalty for filing late since the original report was never received.

I would like to ask you kindly to respond in writing and confirm your favorable decision.

If you have any questions, please do not hesitate to call our office. Thank you.

Sincerely,

Yolanda M. Czerwinski
Staff Accountant

1634 Main Street, Sarasota, Florida 34236 • Phone: (941) 957-0775 • Fax: (941) 957-0778
Please send correspondence to: P.O. Box 3319, Sarasota, Florida 34230