1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000060629**1. Corporation Name

KIRK G. VOELKER, M.D., P.A.

Principal Place of Busines
1985 FLOYD STREET SARASOTA FL 34239
SARASOTA FL 34239

Mailing Address

P.O. BOX 3319 CADASOTA EL 34230

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90047 012 \*\*\*150.00



US	34239	SARAGOTA IL STERO						DO NOT WRITE IN THIS SPACE						
								3. Date Incorporated or Qualifed						l
									07/18/1996					
2. Principal Pl	ace of Business	2a	. Mailing Add	ress				14	4. FEI Number		Щ	Applie		
21		26						_	65-0685521		60.7		plicable	
Suite, Apt. :	#, etc.	$\vdash$	Suite, Apt. #, etc.					:	5. Certifcate of Status Desired			<b>5</b> Addi Requir		
22		27						+-		<del></del>				ł
City & State			City & State					a ¥9	<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	~		ບບ⊹Maງ ed to Fe	ردستخBe معد	==
Zip	Country	28	Zip Country					+;	8. This corporation owes the curi	ent voer Inte	_	00 10 1		İ
<b>一</b> `	25	29	Ζip	30	_ ` `	,		'	Personal Property Tax.	ent year ma	Yes		No	
24	9. Name and Address of Current		stered Agent	130	1			11	0. Name and Address of New I	Registered A	gent			1
3. Haine and Address of Barrett Asgratus Asgratus							Name							
	lkner, kirk g m.d.				ļ	82	Otro of Astria		/D.O. D Nhar in Not Assent	abla)				
1985 FLOYD STREET			{				Street Addre	reet Address (P.O. Box Number is Not Acceptable)						
SARASOTA FL					-	83			<del> </del>					1
						_					Tarl -	Zin Conf		-
						84	City			FL	85 2	Zip Code	9	
11. Pursuant t	to the provisions of Sections 607.0502	and 6	7.1508, Flor	ida Statutes,	the ab	ove	-named corpo	orati	ion submits this statement for the	numose of o	hanging	its reg	istered	1
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	f Flori	da. Such char	nge was auth	orized	DV I	ine corporatio	п's і	board of directors. I hereby acce	pt the appoin	tment a	s registe	ered	
_	n tabililar with, and accept the collection	Ons O	i, Section our	.0303, 1 101101	a Statu	100.			7	110.199	5"			ļ
SIGNATURE	Signature, typed or pointed name of registered agent	and title	if applicable.	(NOTE: Re	gistered /	Agent	t signature required	whe	en reinstating)	DATE				ءَ ا
12.	QEFICERS AND				13.				ADDITIONS/CHANGES TO OF	FICERS AN				ļ
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14. 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 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, with all other like empowered.

SIGNATURE:

Daytime Phone #