

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90432 014 ***150.00

DOCUMENT # P97000088326

1. Entity Name

KAREN WUNDERLICH, M.D., P.A.



Principal Place of Business

14540 COREZ BLVD
STE 102
BROOKSVILLE, FL 34613 US

Mailing Address

3802 EHRLICH ROAD
SUITE 210
TAMPA, FL 33624 US

2. Principal Place of Business

14540 CORTEZ BLVD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 102

City & State

BROOKSVILLE, FL

Zip
34613

Country
US

Zip

Country

04232004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3470832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, SMITTY
3802 EHRLICH ROAD
SUITE 210
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name

KAREN WUNDERLICH, M.D., PA

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

14540 CORTEZ BLVD,

SUITE 102

City

BROOKSVILLE

FL

Zip Code
34613

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 *Karen Wunderlich* KAREN WUNDERLICH

04/29/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WUNDERLICH, KAREN
STREET ADDRESS 14540 CORTEZ BLVD- STE 102
CITY- ST- ZIP BROOKSVILLE, FL 34613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
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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
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
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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: *Karen Wunderlich* KAREN WUNDERLICH 4/29/04 596-7255 (352)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #