

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90291 034 ***150.00

DOCUMENT # P97000088326

1. Entity Name

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



Principal Place of Business

14540 CORTEZ BLVD
STE 102
BROOKSVILLE, FL 34613 US

Mailing Address

3802 EHRLICH ROAD
SUITE 210
TAMPA, FL 33624 US

50050767



2. Principal Place of Business

3. Mailing Address

~~14540~~ CORTEZ BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 102

04192005

Chg-P

CR2E034 (10/03)

City & State

City & State

BROOKSVILLE, FL

4. FEI Number

59-3470832

Applied For

Not Applicable

Zip

Country

Zip

34613

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WUNDERLICH, KAREN MD
14540 CORTEZ BLVD
SUITE 102
BROOKSVILLE, FL 34613

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
WUNDERLICH, KAREN
14540 CORTEZ BLVD- STE 102
BROOKSVILLE, FL 34613

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President/Secretary/Director

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/05
Date

352
596-7255
Daytime Phone #