

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 26, 2002 8:00 am
Secretary of State

06-26-2002 90074 012 ***150.00

DOCUMENT # *P97000100717*

1. Entity Name

S.J. Kornfeld, M.D., Inc.

DO NOT WRITE IN THIS SPACE

80125988

2. Principal Place of Business

3. Mailing Address

2929 Eagle Estates Circle S.

2929 Eagle Estates Circle South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3480541

Applied For

Not Applicable

Zip *33761*

Country *Pinellas*

Zip *33761*

Country *Pinellas*

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kornfeld, Stephen J.

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

2929 Eagle Estates Circle South

City

Clearwater

FL

Zip Code

33761

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

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) ☒

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
*D
Kornfeld, Stephen J
2929 Eagle Estates Circle South
Clearwater, FL 33761*

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Stephen J. Kornfeld, MD

6/19/02 (727) 787-6744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

B0125988

STEPHEN J. KORNFELD, MD, F.A.C.A.

DIPLOMATE OF AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY

June 19, 2002

Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam,

This Uniform Business Report is being filed at this time because the printed form from the state was not received. When I discovered it to be overdue, I downloaded this form and have enclosed the renewal fee of \$150.00.

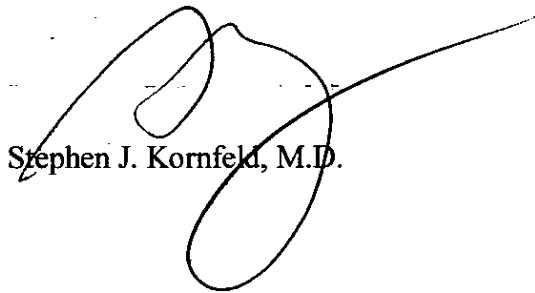
Please excuse the delinquent fees. It is my practice to file forms and pay fees on time. The oversight was a result of not receiving the state's renewal form this year.

Please use my business address for future UBR forms:

Stephen J. Kornfeld, M.D.
34041 US Highway 19 North, Suite D
Palm Harbor, FL 34684

Thank you for your prompt consideration of this matter.

Sincerely,



Stephen J. Kornfeld, M.D.