

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000100717

1. Entity Name
S. J. KORNFELD, M.D., INC.



Principal Place of Business
**2929 EAGLE ESTATES CIRCLE SOUTH
CLEARWATER, FL 33761**

Mailing Address
**2929 EAGLE ESTATES CIRCLE SOUTH
CLEARWATER, FL 33761**



02122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3480541

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KORNFELD, STEPHEN J
2929 EAGLE ESTATES CIRCLE SOUTH
CLEARWATER, FL 33761**

**DO NOT WRITE
IN THIS SPACE**

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**

**000000223013
02/14/05-80064-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KORNFELD, STEPHEN J
2929 EAGLE ESTATES CIRCLE SOUTH
CLEARWATER, FL 33761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen J. Kornfeld MD Stephen J. Kornfeld MD 2/12/05

(727) 787-6744