

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053839

1. Entity Name

KELLI HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

2322 SUNNYSIDE PLACE
SARASOTA FL 34239

2322 SUNNYSIDE PLACE
SARASOTA FL 34239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0798775

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZINN, KELLI G
2322 SUNNYSIDE PLACE
SARASOTA FL 34239

Name CATHERINE K. ASTRONSKAS

Street Address P.O. Box Number is Not Acceptable

SUITE I

City Sarasota

FL

Zip 34231

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

Catherine K. Astronskas

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

(NOTE: Registered Agent signature required when reinstating)

2-28-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete

D 1P/5
ZINN, KELLI G
2322 SUNNYSIDE PLACE
SARASOTA FL 34239

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

D 1VP/7
O'CONNOR, PATRICK D
6110 PINE TREE DRIVE
BRADENTON FL 34202

TITLE NAME ☐ Change ☐ Addition

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

SIGNATURE:

Kelli Zinn Kelli Zinn President 3/22/01 (941) 365-7128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)