


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000083071
 1. Entity Name
 P. DENIS KUEHNER, D.O., P.A.



Principal Place of Business Mailing Address
 4301 SANIBEL CAPTIVA RD 4301 SANIBEL CAPTIVA RD
 SANIBEL, FL 33957 SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3615017 Not Applicable

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

6. Name and Address of Current Registered Agent
 MURTY, TIMOTHY J
 1633 PERIWINKLE WAY, SUITE A
 SANIBEL, FL 33957

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000109742
 04/12/04-80055-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KUEHNER, P DENIS
STREET ADDRESS	4301 SANIBEL-CAPITVA RD
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(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: *P. Kuhner* Date: *4-8-04* Daytime Phone #: *239-472-0700*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR