

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY 18 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V43612
1. Corporation Name

Mitchell E. Kurzner MD P.A.

Principal Place of Business

Mailing Address

*835 Norsota Way
SARASOTA, FL 34242*

*835 Norsota Way
SARASOTA, FL
34242*

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <i>6/12/92</i>	3a. Date of Last Report <i>4/28/94</i>
4. FEI Number <i>65-0340824</i>	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199(1)(3) Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	30. Country
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9. Name and Address of Current Registered Agent

*Kurzner, Mitchell E.
835 Norsota Way
SARASOTA, FL.*

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mitchell E. Kurzner* *[Signature]* *4/30/95*
Signature (typed or printed name of registered agent and title if applicable) (Typed Agent Signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
NAME	<i>Mitchell E. Kurzner</i>	1.2 NAME	
STREET ADDRESS	<i>835 Norsota Way</i>	1.3 STREET ADDRESS	<i>7000001498517</i>
CITY, ST, ZIP	<i>SARASOTA, FL 34242</i>	1.4 CITY, ST, ZIP	<i>-05/24/95--01080--015</i>
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* *4/30/95* *6135 365-6497*
Signature (typed or printed name of signing officer or director) (Date) (Signature Please)