2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V55984 **DOCUMENT #**

1. Entity Name



FILED Mar 20, 2003 8:00 am Secretary of State

JOANNE KUNDL, O.D., P.A.				03-20-2003 901 53 049	***150.00	
Principal Place of Business 377 N KROME AVE HOMESTEAD FL 33030 US Mailing Address 7030 SW 82 AVE MIAMI FL 33143 US						
2. Principal Place of Business		3. Mailing Address	- ,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FE! Number 65-0351676	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
KUNDL, JOANNE			Name			
7030 SW 82 AVE			Street A	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL	33143		-		· · · · · · · · · · · · · · · · · · ·	
Link Stage			City	City FL Zip Code		
8. The above	e named entity submits this statem tions of registered agent.	nent for the purpose of changing its	registered office or	gistered agent, or both, in the State of Florida. I am farr	niliar with, and accept	
SIGNATURE						
• .	Signature, typed or printed name of registered	d agent and title if applicable. (NOT	E: Registered Agent signatu	equired when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS 11		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD CANDE	☐ Delete	TITLE		Change Addition	
NAME	KUNDL, JOANNE		NAME			
STREET ADDRESS CITY-ST-ZIP	RAIANAI CI		STREET ADDRESS CITY-ST-ZIP			
TITLE	·	Delete				
NAME		m neigie	TITLE NAME	L.	Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	·	Delete 7	TITLE		Change Addition	
NAME			NAME			
			STREET ADDRESS			
CITY-ST-7IP	İ		CITY OT 7ID			

CITY-ST-ZIP CITY-ST-ZIP 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.

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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Addition

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