

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # V56600

Entity Name
GARY VAN KUEHL, M.D., P.A.



Principal Place of Business
**201 45TH ST.
WEST PALM BEACH, FL 33407**

Mailing Address
**815 HERNDON AVENUE
SUITE 100
ORLANDO, FL 32803**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0349821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, LAWRENCE D.
25 S. DENNING DR.
SUITE 4
WINTER PARK, FL 32789**

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000398100
01/30/06-80082-004 150.00**

OFFICERS AND DIRECTORS

NAME	D VAN KUEHL, GARY
HOME ADDRESS	16344 HAYNIE LANE
CITY-STATE-ZIP	JUPITER, FL 33478
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	
NAME	
HOME ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #