

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

90 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J53360** (0)

1. Corporation Name

GRANT A. KILLIAN, PH.D., ABMP, P.A.

Principal Place of Business

**2389 N.E. 30TH CT.
LIGHTHOUSE POINT FL 33064**

Mailing Address

**2389 N.E. 30TH CT.
LIGHTHOUSE POINT FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1987

3a. Date of Last Report

04/12/1994

4. FEI Number

59-2392278

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 tribute tax (intangible tax under S. 193(1)(2)
Florida Statutes

Yes No

2. Principal Place of Business

21 **10167 NW 31 ST.**

2a. Mailing Address

26 **2871 NE 30 ST.**

Suite, Apt. #, etc.

22 **# 201**

Suite, Apt. #, etc.

27

City & State

23 **CORAL SPRINGS, FL**

City & State

28 **LIGHTHOUSE POINT**

Zip

24 **33064**

Country

25 **BROWARD**

Zip

29 **33064**

Country

30 **BROWARD**

9. Name and Address of Current Registered Agent

**KILLIAN, GRANT A.
2389 N.E. 30TH CT. — 2871 NE 30 ST
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature of current registered agent and title, if applicable)

(Signature of new registered agent and title, if applicable)

(Date)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | PD |
| NAME | KILLIAN, GRANT, A |
| STREET ADDRESS | 2389 N.E. 30TH CT. 2871 NE 30 ST |
| CITY, ST, ZIP | LIGHTHOUSE POINT FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | 2871 NE 30 ST |
| 4. CITY, ST, ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY, ST, ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY, ST, ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY, ST, ZIP | |
| 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. 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)(b), 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 appointed to succeed 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 amendments.

SIGNATURE:

Grant A Killian PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GRANT A. KILLIAN, PRES.

4.25.95

305-755-7530