

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009983

**FILED  
Apr 30, 2014  
Secretary of State  
CC1005960505**

**Entity Name:** KILLIAN PROFESSIONAL CENTER, INC.

**Current Principal Place of Business:**

1351 SOUTH KILLIAN DRIVE  
SUITE 4  
LAKE PARK, FL 33403

**Current Mailing Address:**

PO BOX 14271  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 20-5785423

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UVANILE, JOSEPH D  
1351 SOUTH KILLIAN DRIVE  
SUITE 4  
LAKE PARK, FL 33403 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DPT  
Name           UVANILE, JOSEPH D  
Address        1351 SOUTH KILLIAN DRIVE, SUITE 4  
City-State-Zip: LAKE PARK FL 33403

Title           DS  
Name           KRESSER, GARY  
Address        1351 SOUTH KILLIAN DRIVE, SUITE 2  
City-State-Zip: LAKE PARK FL 33403

Title           DV  
Name           WADE, RICKY  
Address        1351 S KILLIAN DRIVE, SUITE 1  
City-State-Zip: LAKE PARK FL 33403

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH D. UVANILE

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date