

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009983

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

**Current Principal Place of Business:**

1351 SOUTH KILLIAN DRIVE  
SUITE 1  
LAKE PARK, FL 33403

**Current Mailing Address:**

1351 S KILLIAN AVE SUITE 1  
LAKE PARK, FL 33403 US

**FEI Number:** 20-5785423

**Certificate of Status Desired:** No

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

WADE, CARLTON A  
1351 SOUTH KILLIAN DRIVE  
SUITE 1  
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:** CARLTON A WADE

04/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FRANCES, JOHN R  
Address 1351 SOUTH KILLIAN DRIVE, SUITE 5  
City-State-Zip: LAKE PARK FL 33403

Title DS  
Name WADE, LISSETTE  
Address 1351 SOUTH KILLIAN DRIVE, SUITE 1  
City-State-Zip: LAKE PARK FL 33403

Title DP, PRESIDENT, TREASURER  
Name WADE, CARLTON A  
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:** WADE , CARLTON A

DP, PRESIDENT,  
TREASURER

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date