

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90046 049 ***150.00

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1. Entity Name
FLEEGLER, KANE & ADAMS, M.D.S, P.A.



Principal Place of Business
1895 FLOYD STREET
SARASOTA, FL 34239-2907

Mailing Address
1895 FLOYD STREET
SARASOTA, FL 34239-2907

50055752



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-1509420

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FLEEGLER, BRUCE M MD
1895 FLOYD STREET
SARASOTA, FL 33679~~

Name Terrence P. Kane MD
Street Address 1895 Floyd St.
City Sarasota FL Zip Code 34239

8. 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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTD ☐ Delete
NAME KANE, TERRENCE P.
STREET ADDRESS 1895 FLOYD STREET
CITY-ST-ZIP SARASOTA, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

~~TITLE RD ☒ Delete
NAME FLEEGLER, BRUCE M
STREET ADDRESS 5408 SIESTA COVE
CITY-ST-ZIP SARASOTA, FL~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VDS ☐ Delete
NAME ADAMS, GLENN D.
STREET ADDRESS 1895 FLOYD ST.
CITY-ST-ZIP SARASOTA, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/05