# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 07, 2009**
**Secretary of State**

DOCUMENT# 605042

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

**Current Principal Place of Business:**

1895 FLOYD STREET
SARASOTA, FL 342392907

**New Principal Place of Business:**

1895 FLOYD STREET
SARASOTA, FL 342392907 US

**Current Mailing Address:**

1895 FLOYD STREET
SARASOTA, FL 342392907

**New Mailing Address:**

1687 HYDE PARK STREET
SARASOTA, FL 34239

**FEI Number: 59-1509420** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KANE, TERRENCE P M.D.
1895 FLOYD STREET
SARASOTA, FL 33579 US

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

KANE, TERRENCE P M.D.
1687 HYDE PARK STREET
SARASOTA, FL 34239 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: KIM M KANE, PERSONAL REPRESENTATIVE 04/07/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VTD ( ) Delete
Name: KANE, TERRENCE P.
Address: 1895 FLOYD STREET
City-St-Zip: SARASOTA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VTD (X) Change ( ) Addition
Name: KANE, TERRENCE P.
Address: 1687 HYDE PARK STREET
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM M KANE, PERSONAL REPRESENTATIVE VTD 04/07/2009
Electronic Signature of Signing Officer or Director Date