

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005772

1. Entity Name  
RICHARD M KRAVIS, M.D., P.A.

**FILED**  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90017 037 \*\*\*550.00

0145631 SP

Principal Place of Business  
~~5100 N. O'CONNOR BLVD., STE 100~~  
~~IRVING TX 75039~~

Mailing Address  
~~5100 N. O'CONNOR BLVD., STE 100~~  
~~IRVING TX 75039~~

A0085662



2. Principal Place of Business  
1890 SW HEALTH PARKWAY  
Suite, Apt. #, etc.  
SUITE 203  
City & State  
NAPLES, FL  
Zip  
34110 Country  
COLLIER

3. Mailing Address  
~~104 MAHOGANY DR~~  
Suite, Apt. #, etc.  
NAPLES, FL  
City & State  
NAPLES, FL  
Zip  
34108 Country  
COLLIER

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2633360  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~BARNETT, USA II~~  
~~821 5TH AVENUE SOUTH~~  
~~NAPLES FL 34102~~

7. Name and Address of New Registered Agent

Name Jeff M. Novatt, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Chetty Passidomo Wilson & Johnson  
821 Fifth Avenue South, Suite 201  
City Naples FL Zip Code 34102

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.

SIGNATURE [Signature] DATE 9/6/01  
Signature of agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KRAVIS, RICHARD 104 MAHOGANY DRIVE NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/01 (941) 596-1111  
Date Daytime Phone #

CR2E034 (5/01)

**CHEFFY PASSIDOMO  
WILSON & JOHNSON**

ATTORNEYS AT LAW, LLP  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FLORIDA 34102  
TELEPHONE: (941) 261-9300  
FAX: (941) 261-9782  
E-MAIL: CPWJ@napleslaw.com

EDWARD K. CHEFFY  
BOARD CERTIFIED CIVIL TRIAL ATTORNEY  
BOARD CERTIFIED BUSINESS LITIGATION ATTORNEY  
JOHN M. PASSIDOMO  
BOARD CERTIFIED REAL ESTATE ATTORNEY  
GEORGE A. WILSON  
BOARD CERTIFIED WILLS, TRUSTS & ESTATES ATTORNEY  
F. EDWARD JOHNSON  
BOARD CERTIFIED WILLS, TRUSTS & ESTATES ATTORNEY  
JOHN D. KEHOE  
BOARD CERTIFIED CIVIL TRIAL ATTORNEY  
LOUIS D. D'AGOSTINO  
BOARD CERTIFIED APPELLATE PRACTICE ATTORNEY  
JEFF M. NOVATT

*Attachment*  
*#F00000005772*  
*A0085002*

DAVID A. ZULIAN  
JEFFREY S. HOFFMAN  
BOARD CERTIFIED WILLS, TRUSTS & ESTATES ATTORNEY  
LOUIS W. CHEFFY  
BOARD CERTIFIED REAL ESTATE ATTORNEY  
THOMAS F. HUDGINS  
BOARD CERTIFIED TAX ATTORNEY  
LISA H. BARNETT  
ANDREW H. REISS  
STANLEY A. BUNNER, JR.

OF COUNSEL:  
JAMES W. ELKINS  
BOARD CERTIFIED REAL ESTATE ATTORNEY  
R. SCOTT PRICE

September 7, 2001

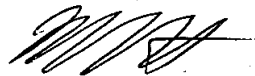
Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Richard M. Kravis, M.D., P.A.

Gentlemen:

Enclosed for filing is the 2001 Uniform Business Report for the above-referenced entity,  
together with a check in the amount of \$550.00 in payment of the fee therefor.

Very truly yours,



Jeff M. Novatt  
For the Firm

JMN/lrj

Enclosures

FAWPDOCS\Business\Naples Health Care Assoc\2001UniBusRept-KRAVIS.wpd