

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F57551

FILED
Jan 20, 2010
Secretary of State

Entity Name: KAGAN, JUGAN & ASSOCIATES, P.A.

Current Principal Place of Business:

2745 SWAMP CABBAGE CT 305
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2745 SWAMP CABBAGE CT 305
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 59-2207264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAGAN, JOHN CURRY, M.D.
2745 SWAMP CABBAGE CT 305
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP
Name: KAGAN, JOHN CURRY, M.D.
Address: 2745 SWAMP CABBAGE CT 305
City-St-Zip: FT MYERS, FL

Title: T
Name: KNOX, CHARLES H.
Address: 2745 SWAMP CABBAGE CT 305
City-St-Zip: FT. MYERS, FL

Title: D
Name: JUGAN, MICHAEL M
Address: 15810 RIVER BY ROAD
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: CURCIONE, PETER
Address: 11971 ROSEMOUNT DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: D
Name: GALANG, KENNETH J
Address: 13998 REFLECTION LAKES DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: D
Name: MONSERRATE, PEDRO
Address: 6800 STONEY RUN COURT
City-St-Zip: FORT MYERS, FL 33908

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN C KAGAN

PRES

01/20/2010

Electronic Signature of Signing Officer or Director

_____ Date