

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G91968

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** GARY LAWRENCE KANTER, M.D., P.A.

**Current Principal Place of Business:**

C/O GARY LAWRENCE KANTER, M.D.  
100 SW 75TH STREET, STE 204  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GARY LAWRENCE KANTER, M.D.  
100 SW 75TH STREET, STE 204  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 59-2406016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANTER, GARY L  
100 SW 75TH STREET  
204  
GAINESVILLE, FL 32607 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:** KANTER, GARY L  
**Address:** 100 SW 75TH STREET, STE 204  
**City-St-Zip:** GAINESVILLE, FL 32607 US

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:** GARY L. KANTER, M.D.

DP

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date