

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G94223**

1. Entity Name  
**PATRICK M. KANE M.D., P.A.**

Principal Place of Business

% PATRICK M. KANE, M.D.  
848 1ST AVE., N. STE. 330  
NAPLES FL 34102  
US

Mailing Address

% PATRICK M. KANE, M.D.  
848 1ST AVE., N. STE. 330  
NAPLES FL 34102  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2386597**

Applied For

Not Applicable

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

KANE, PATRICK M. M.D.  
848 FIRST AVENUE NORTH  
SUITE 330  
NAPLES FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
DPV KANE, PATRICK M. M.D. 848 FIRST AVE. NORTH NAPLES FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete	<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: Patrick M Kane MD Patrick M. Kane 1/11/01 941-263-8855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90051 024 \*\*\*150.00

**606631**



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)