

**2003 FOR PROFIT CORPORATION
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

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. I 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPV
KANE, PATRICK M. M.D.
848 FIRST AVE. NORTH
NAPLES FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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Delete

TITLE
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Patrick M. Kane, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Jan 13, 2003 8:00 am
Secretary of State**

01-13-2003 90438 002 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)