

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H09579 (4)

1. Corporation Name

ROGER G. KANE, M.D., P.A.



Principal Place of Business

Mailing Address

% ROGER G. KANE, M.D.
1701 S.E. HILLMOOR DR., STE. 11
PORT ST. LUCIE FL 34952

% ROGER G. KANE, M.D.
1701 S.E. HILLMOOR DR., STE. 11
PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified

07/01/1984

3a. Date of Last Report

06/14/1995

4. FEI Number

59-2416798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Roger G. Kane, M.D.

26 Roger G. Kane, M.D.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 2000 SE PSL Blvd, Ste. C

27 2000 SE PSL Blvd, Ste. C

City & State

City & State

23 Port St. Lucie, FL

28 Port St. Lucie, FL

Zip

Country

Zip

Country

24 34952

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29 34952

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9. Name and Address of Current Registered Agent

KANE, ROGER G., M.D.
1701 S.E. HILLMOOR DR., STE. 11
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name Kane, Roger G., M.D.

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

2000 SE PSL BLVD., Ste. C

83

84 City Port St. Lucie

FL

85 Zip Code

34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
KANE, ROGER G., M.D.
STREET ADDRESS 1701 SE HILLMOOR DR.
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

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