

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90119 047 ***150.00

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1. Entity Name
**ASSOCIATES IN NEPHROLOGY, BUTCHER, CAANTHAN
& DELANS, M.D., P.A.**



Principal Place of Business
**7981 GLADIOLUS DRIVE
FT MYERS, FL 33919**

Mailing Address
**7981 GLADIOLUS DRIVE
FT MYERS, FL 33908**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2412674

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEVACAANTHAN, KANAGASABAI
7981 GLADIOLUS DRIVE
FT. MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

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. 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
DEVACAANTHAN, KANAGASABAI
7981 GLADIOLUS DRIVE
FT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DELANS, RONALD J M.D.
7981 GLADIOLUS DRIVE
FT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
VANSICKLER, JOEL T M.D.
7981 GLADIOLUS DRIVE
FT.. MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
MAGNO, MARY M MD
7981 GLADIOLUS DRIVE
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CONREY, JOHN E
7981 GLADIOLUS DRIVE
FT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

1-20-06

039-939-0999

Date

Daytime Phone #