


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K09248**

1. Entity Name  
 PSYCHIATRIC INNOVATORS OF GREATER ORLANDO, P.A.



Principal Place of Business      Mailing Address

220 N WESTMONTE DR.      220 N WESTMONTE DR.  
 STE E      STE E  
 ALTAMONTE SPRGS FL 32714      ALTAMONTE SPRGS FL 32714

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For

59-2848678      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KANE, MARTIN S.  
 220 N. WESTMONTE DR  
 ALTAMONTE SPRGS FL 32714

**7. Name and Address of New Registered Agent**

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

SIGNATURE Martin S. Kane MD      MARTIN S. KANE MD      2/5/04

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PST	KANE, MARTIN S.	220 N. WESTMONTE DR	ALTAMONTE SPRGS FL 32714	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: Martin S. Kane MD      MARTIN S. KANE MD      (407) 862-5707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      2/6/04      Daytime Phone #