

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
 04-12-2000 90003 022 ***150.00

DOCUMENT # K85042

1. Entity Name
KANE & MAQUEIRA MD'S PA

Principal Place of Business
**C/O STEVEN E. LESSER
 3820 TAMPA ROAD, STE 202
 PALM HARBOR FL 34684**

Mailing Address
**C/O STEVEN E. LESSER
 3820 TAMPA ROAD, STE 202
 PALM HARBOR FL 34684-3609**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2948680**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**LESSER, STEVEN E.
 3820 TAMPA RD
 SUITE 202
 PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent
 Name **Jesse Kane MD**
 Street Address (P.O. Box Number is Not Acceptable) **3820 Tampa Rd**
Suite 202
 City **Palm Harbor FL** Zip Code **34684**

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 DATE **3/31/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, JESSE A. 3820 TAMPA RD, STE 202 PALM HARBOR FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kane, Jesse A. 3820 Tampa Rd Suite 202 Palm Harbor Fl 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Justo Maqueira J, MD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Maqueira, Justo 3820 Tampa Rd Suite 202 Palm Harbor Fl 34684
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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: DATE **3/31/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)