2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90027 008 ***150.00

DOCUMENT # K88562

1. Entity Name

KENNETH L. SANDERS, M.D., P.A.

Principal Place of Business	Mailing Address
5216 CLAYTON COURT FT MYERS FL 33907	5216 CLAYTON COURT FT MYERS FL 33907-2116

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
930 Agua Lane	930 Agua Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33919 Country: USA	Zip: 33919 Country: USA

4. FEI Number 65-0121234 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANDERS, KENNETH L., M.D. 5216 CLAYTON COURT SUITE H FT MYERS FL 33907	Name: Sanders Kenneth L. Street Address (P.O. Box Number is Not Acceptable): 930 Agua Lane City: Fort Myers FL Zip Code: 33919

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 [signature] Kenneth L. Sanders MD 3/16/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 SANDERS, KENNETH L., M.D 5216 CLAYTON COURT FT MYERS FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sanders, Kenneth L MD 930 Agua Lane Fort Myers, FL 33919 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Kenneth L. Sanders MD 3/16/99 941-936-6275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #