2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **K99462** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name HOWARD L. KAHEN, M.D., P.A. 04-25-2000 90082 009 ***150.00 Principal Place of Business Mailing Address % HOWARD L. KAHEN M D % HOWARD L. KAHEN M D 5539 MARINE PKWY./P.O. BOX 1175 5539 MARINE PKWY./P.O. BOX 1175 NEW PORT RICHEY FL 34656-8175 NEW PORT RICHEY FL 34656-1175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2957270 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAHEN, HOWARD L. M D Street Address (P.O. Box Number is Not Acceptable) 5539 MARINE PARKWAY SUITE 3 **NEW PORT RICHEY FL 34652** Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD TITLE ☐ Change ☐ Addition ☐ Delete TITLE KAHEN, HOWARD L. M D NAME NAME 5539 MARINE PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplied that 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 received in trusted empowered to execute this point as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

HOLLARD ! KAHEN

IGNATURE AND TYPED OR PE

changed, or on an attachm

Date