

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K99462

1. Entity Name

HOWARD L. KAHEN, M.D., P.A.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90165 025 ***150.00

0655072

Principal Place of Business

% HOWARD L. KAHEN M D
5539 MARINE PKWY./P.O. BOX 1175
NEW PORT RICHEY FL 34656-8175

Mailing Address

% HOWARD L. KAHEN M D
5539 MARINE PKWY./P.O. BOX 1175
NEW PORT RICHEY FL 34656-8175

2. Principal Place of Business

3. Mailing Address

P.O. Box 1175
6806 Cecelia Dr.
New Port Richey FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2957270

Applied For
Not Applicable

Zip 34656-1175 Country

Zip 34653 Country U.S.A.

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

KAHEN, HOWARD L. M D
5539 MARINE PARKWAY
SUITE 3
NEW PORT RICHEY FL 34652

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.

SIGNATURE

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, 2001 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 PD
NAME KAHEN, HOWARD L. M D
STREET ADDRESS 5539 MARINE PKWY
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)