

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K99462

FILED
Apr 07, 2004
Secretary of State

Entity Name: HOWARD L. KAHEN, M.D., P.A.

Current Principal Place of Business:

% HOWARD L. KAHEN M D
5539 MARINE PKWY./P.O. BOX 1175
NEW PORT RICHEY, FL 346561175

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1175
6806 CECELIA DR.
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 59-2957270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAHEN, HOWARD L. M D,
Address: 5539 MARINE PKWY
City-St-Zip: NEW PORT RICHEY FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD KAHEN

PD

04/07/2004

Electronic Signature of Signing Officer or Director

_____ Date