

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90096 020 ***150.00

FR01249 AV

DOCUMENT # P01000036535

1. Entity Name
WILLIAM O. KABRY, M.D., P.A.

Principal Place of Business
**4940 GOLDEN GATE PARKWAY, SUITE 3
 NAPLES FL 34116**

Mailing Address
**4940 GOLDEN GATE PARKWAY, SUITE 3
 NAPLES FL 34116**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8793 E. Tamiami Tr

3. Mailing Address
8793 E. Tamiami Tr

Suite, Apt. #, etc.
117

Suite, Apt. #, etc.
117

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
125-1093867

Applied For
 Not Applicable

Zip
34113 Country
Collier

Zip
34113 Country
Califia

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
William O. Kabry, M.D.
 Street Address (P.O. Box Number is Not Acceptable)
8793 Tamiami Trail E 117
Naples, FL 34113
 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 _____ (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, 2002 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KABRY, WILLIAM O 4940 GOLDEN GATE PARKWAY, SUITE 3 NAPLES FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William O. Kabry, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8793 Tamiami Trail E 117 Naples Florida 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *William O. Kabry, M.D.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-12-02 (941) 455-3127
 Date Daytime Phone #

CR2E034 (9/01)