2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048241

Entity Name: C. LANCE KANE, M.D., P.A.

FILED Feb 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

505 WEST DELEON STREET, SUITE 8 508 S HABANA AVE TAMPA, FL 33606

150

TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

505 WEST DELEON STREET, SUITE 8 508 S HABANA AVE TAMPA, FL 33606 150

TAMPA, FL 33609

FEI Number: 20-2639649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KANE, C. LANCE KANE, C. LANCE 508 S HABANA AVE 505 WEST DELEON STREET, SUITE 8 TAMPA, FL 33606 TAMPA, FL 33609 US

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: C. LANCE KANE 02/08/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

KANE, C. LANCE Name: Name: KANE, C. LANCE Address:

505 WEST DELEON STREET, SUITE 8 Address: 508 S HABANA AVE, SUITE 150

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: C. LANCE KANE 02/08/2006 D