PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

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DOCUMENT # PACOSOO	4891 V		07-12-1999 90009 048 '	400.00
KMC FINANCIAL NO	ETWORK, INC			JB I
	Mailing Address		* 586030 - 90009 - 38 %	
Principal Place of Business	•	_		
870 HITH AVENUE NORTH				
SUITE 1 NADIGS FL 24108 NAPLES, PL 34108		DO NOT WRITE IN THIS SPACE		
NAPLES, FL 34108	NAPLES, P	L 34108	3. Date Incorporated or Qualifed	
115	us _		1/12/96	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21	26		65-0630305	5 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		La Cadiforda of Obales Desired []	Required
22	27			O May Be
City & State	City & State	n Afficia en la la compania de		ed to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intangible	
— ·	⊢ ' r	30	Personal Property Tax.	□No
24 25 25 9. Name and Address of Current			10. Name and Address of New Registered Agent	
		81 Name		
HUGH MCLAUGHLIN		R2 Street Addr	idress (P.O. Box Number is Not Acceptable)	
870 IIITH AUENUE.	NORTH			
SUITE 1		83		ļ
	0	84 City	(85 Z	ip Code
NAPLES, FL 3410		1 1	FL)** -	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate			oration submits this statement for the purpose of changing on's board of directors. I hereby accept the appointment as	its registered registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate SIGNATURE Standard or profiled repriled of physicians open	ions of, Section 607.0505, Flori		(10/99	,
office or registered agent, or both, in the State Capent, I am familiar with, and accept the obligation of the obligatio	ions of, Section 607.0505, Flori	da Statutes. Registered Agent signature require	Submit refrigations)	TORS IN 12
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Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: