


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 * AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90002 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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Not to and

DOCUMENT # P97000077811

1. Corporation Name
ELLEN V. KANTER, M.D., P.A.



Principal Place of Business 846 ANCHOR RODE DR NAPLES FL 34103	Mailing Address 846 ANCHOR RODE DR NAPLES FL 34103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1997	
21	22	26	27	4. FEI Number 02-6369342	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KANTER, ELLEN V M.D.
~~107-3200 GULF SHORE BLVD N~~
~~NAPLES FL 34103~~
 XXXXXXXXXXXX

275 Yucca Rd.
 Naples, FL 34102

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
275 Yucca Rd

83 Naples, FL 34102

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTER, ELLEN V M.D.	1.2 NAME	
STREET ADDRESS	846 ANCHOR RODE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ellen V. Kanter* **ELLEN V. KANTER** July 8, 1999 941-262-2058

CR2E034 (5/99)

Ellen V. Kanter, M.D. P.A.
DIPLOMATE AMERICAN BOARD OF PSYCHIATRY
846 ANCHOR RODE DRIVE . NAPLES, FLORIDA 34103
TELEPHONE (941) 262-2058

P97000077811
[REDACTED]
[REDACTED]
608213-90002-6

July 9, 1999

Florida Department of State

Re: Profit Corporation Annual Report

As indicated on the enclosed 1999 form, we discovered that we never received the "First Notice and a discussion was held yesterday with Cathy at your office. Other physicians also experienced the non-receipt of the "First Notice" including a colleague in this same office. By agreement I am paying \$150.00 with Doc.# P97000077811.

A review of 1998 tax/financial records in our office reveals that I did not receive a "First Notice" for 1998. Remember that I was a newly formed corporation (09/08/1997. On September 9, 1998 in something of a "panic" we filed the Second Notice (actually the first) with payment of \$550.00. On review of the facts I request that I be refunded \$400.00 representing the penalty I should not have been responsible for last year. Please advise. Thank you.

Sincerely yours,

Ellen V. Kanter