

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107991

1. Entity Name

RICHARD G. KILFOYLE, M.D., P.A.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90094 014 \*\*\*150.00

AU014387



DO NOT WRITE IN THIS SPACE

Principal Place of Business 708 DEL PRADO BOULEVARD SOUTH CAPE CORAL FL 33990	Mailing Address 708 DEL PRADO BOULEVARD SOUTH CAPE CORAL FL 33990
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc. 1206 COUNTRY CLUB BLVD	Suite, Apt. #, etc. 1206 COUNTRY CLUB
---	--

City & State CAPE CORAL FL	City & State CAPE CORAL FL
-------------------------------	-------------------------------

Zip 33990	Country Lee	Zip 33990	Country Lee
--------------	----------------	--------------	----------------

4. FEI Number 65-0809285	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent  KILFOYLE, RICHARD G 708 DEL PRADO BOULEVARD SOUTH CAPE CORAL FL 33990
--

7. Name and Address of New Registered Agent Name KILFOYLE, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 1206 COUNTRY CLUB BLVD City CAPE CORAL FL Zip Code 33990
---

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 <i>Richard G. Kilfoyle</i> RICHARD KILFOYLE 1.19.01 Signature, typed or printed name of registered agent and title if applicable (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) <input type="checkbox"/>
--

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>
---

10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D KILFOYLE, RICHARD G 708 DEL PRADO BOULEVARD SOUTH CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <del>1206 COUNTRY CLUB BLVD</del> <del>CAPE CORAL FL 33990</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1206 COUNTRY CLUB BLVD CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Richard G. Kilfoyle</i> RICHARD KILFOYLE 1.19.01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (10/00)