

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057190

FILED
Jul 29, 2009
Secretary of State

Entity Name: DR. KANE'S BEACHSIDE FAMILY PRACTICE, INC.

Current Principal Place of Business:

1186 HIGHWAY A1A
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

1186 HIGHWAY A1A
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-3518361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, STUART R
270 SHERWOOD AVE.
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

KANE, MAILE N
270 SHERWOOD AVE.
SATELLITE BEACH, FL 32937 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: MAILE N KANE

07/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KANE, MAILE
Address: 1186 HIGHWAY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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: MAILE N KANE

PRES

07/29/2009

Electronic Signature of Signing Officer or Director

Date