2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

Principal Place of Business

1186 HIGHWAY A1A

P98000057190

Mailing Address

1186 HIGHWAY A1A

1. Entity Name

DR. KANE'S BEACHSIDE FAMILY PRACTICE, INC.



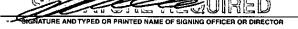
Apr 16, 2003 8:00 am \$ Secretary of State ... **FILED**

nn19127.

SAIELLITE DE	EACH FL 32937	SAIELLIIE BEACH FL 32931					
2. Principal Place of Business		3. Mailing Address			4 (001)108) (48 10)8) (10)3) 003)(004)(004)(00	(1)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	4. FEI Number NOT APPLICABLE Applied For Not Applicable		
Zip	Country Zip Cour		Country	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required		ditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LANDAU, MICHAEL 1081 PORT MALABAR BLVD. MELBOURNE FLYDDI PALM BAY, FL 32905				Street Address (P.O. Box Number is Not Acceptable)			
		, , , , , , , , , , , , , , , , , , , ,	City	· · · · · · · · · · · · · · · · · · ·	F	Zip Cod	đe
the obligati	named entity submits this statement ions of registered agent. Signature: typed or printed name of registered age		registered office o		gent, or both, in the State of Florida. I a		and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.	Li Adde	00 May Be d to Fees
0.		D DIRECTORS	11.	, AC	ODITIONS/CHANGES TO OFFICERS A	ND DIRECTOF	IS IN 11
TLE AME Treet address ITY-ST-ZIP	D Kane, Maile 1186 Highway A1A Satellite Beach FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Change	☐ Addition
TLE AME IREET ADDRESS ITY-ST-ZIP	e	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TLE AME TREET ADDRESS ITY-ST-ZIP	-	_ □ Delete	NAME STREET ADDRESS CITY-ST-ZIP	erise Ene	gan gang a ber gan	. Change	Addition
TLE Ame Treet address ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TLE AME TREET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



CR2E034 (10/02)