

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

DATE
 FILED

DOCUMENT # P99000052252

1. Entity Name
COLIN KANAR, M.D., P.A.

02-04-2002 90110 017 ***150.00

Principal Place of Business
**290 TAMiami TRAIL N
 NAPLES FL 34108
 US**

Mailing Address
**290 TAMiami TRAIL N
 NAPLES FL 34102**



2. Principal Place of Business
270 TAMiami TRAIL N

3. Mailing Address
P.O. BOX 2495

DO NOT WRITE IN THIS SPACE

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number
59-3579939

Applied For
 Not Applicable

Zip
34102

Country
COLLIER

Zip
34106

Country
COLLIER

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BORAN, MICHAEL J CPA
 771 ANDERSON DRIVE
 NAPLES FL 34103**

Name
BODAN, MICHAEL J (CPA)
 Street Address (P.O. Box Number is Not Acceptable)
**SAME ADDRESS JUST
 WRONG NAME**
 City
FL Zip Code

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 _____ (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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANAR, COLIN M.D. 272 OAK AVE. NAPLES FL 34108	<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
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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)(f), 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: **SIGNATURE REQUIRED COLIN KANAR** 1/15/2002 (941) 261-0926
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)