

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052252

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

FILED  
Apr 11, 2008  
Secretary of State

**Current Principal Place of Business:**

1855 VETERANS PARK DRIVE  
101  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2495  
NAPLES, FL 34106

**New Mailing Address:**

P O BOX 2495  
NAPLES, FL 341062495

FEI Number: 59-3579939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BODAH, MICHAEL J CPA  
2443 PINE WOOD CIRCLE  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KANAR, COLIN M.D.  
Address: 272 OAK AVE.  
City-St-Zip: NAPLES, FL 34108

**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: COLIN KANAR

D

04/11/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date