

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F57551

Entity Name: KAGAN, JUGAN & ASSOCIATES, P.A.**Current Principal Place of Business:**3210 CLEVELAND AVENUE
100
FORT MYERS, FL 33901**Current Mailing Address:**3210 CLEVELAND AVENUE
100
FORT MYERS, FL 33901**FEI Number:** 59-2207264**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAGAN, JOHN CURRY, M.D.
3210 CLEVELAND AVENUE
100
FT. MYERS, FL 33901 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	KAGAN, JOHN CURRY, M.D.
Address	3210 CLEVELAND AVE, # 100
City-State-Zip:	FT MYERS FL 33901

Title	T
Name	KNOX, CHARLES H.
Address	3210 CLEVELAND AVE, # 100
City-State-Zip:	FT. MYERS FL 33901

Title	DS
Name	JUGAN, MICHAEL M
Address	15810 RIVER BY ROAD
City-State-Zip:	FORT MYERS FL 33908

Title	DVP
Name	CURCIONE, PETER
Address	11971 ROSEMOUNT DRIVE
City-State-Zip:	FORT MYERS FL 33913

Title	DVP
Name	MONSERRATE, PEDRO
Address	6800 STONEY RUN COURT
City-State-Zip:	FORT MYERS FL 33908

Title	DVP
Name	SUDDERTH, DAVID
Address	18523 CUTLASS DRIVE
City-State-Zip:	FORT MYERS FL 33931

I hereby 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 all other like empowered.

SIGNATURE: JOHN C KAGAN

PRES

04/24/2015

Electronic Signature of Signing Officer/Director Detail_____
Date