

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052252

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

Current Principal Place of Business:

11983 TAMIAMI TRAIL NORTH
SUITE 100D
NAPLES, FL 34110

Current Mailing Address:

PO BOX 112108
NAPLES, FL 34108

FEI Number: 59-3579939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BODAH, MICHAEL J CPA
2443 PINE WOOD CIRCLE
NAPLES, FL 34105 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 D
Name KANAR, COLIN M.D.
Address 272 OAK AVE.
City-State-Zip: NAPLES FL 34108

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: COLIN KANAR

PRESIDENT

03/26/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date