

**2019 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

\_\_\_\_\_  
D

04/09/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date