

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90129 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F91934

1. Corporation Name

KLITENICK & LARRAURI, M.D., P.A.

Principal Place of Business

% MICHAEL P KLITENICK
 3136 NORTHSIDE DR.
 KEY WEST FL 33040

Mailing Address

% MICHAEL P KLITENICK
 3136 NORTHSIDE DR.
 KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1982

4. FEI Number

59-2206188

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐ Yes ☐ No

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 **Juan M. Larrauri**

2a. Mailing Address

26 **Juan M. Larrauri**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KLITENICK, MICHAEL P
3136 NORTHSIDE DR.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name **JUAN M. LARRAURI**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	KLITENICK, MICHAEL P	
STREET ADDRESS	3136 NORTHSIDE DR.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	SVP	☐ DELETE
NAME	LARRAURI, JUAN M.	
STREET ADDRESS	3136 NORTHSIDE DRIVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	S	☐ DELETE
NAME	GLERSKY, STEVEN L	
STREET ADDRESS	3136 NORTHSIDE DR	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	PD
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	GLORSKY, STEVEN L.
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99
 Date

(307) 294-1041
 Daytime Phone #

CR2E034 (11/98)