

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000062198

**Entity Name:** GARY L. CLAYMAN, M.D., P.A.

**Current Principal Place of Business:**

514 ERIE AVE.  
TAMPA, FL 33606

**Current Mailing Address:**

514 ERIE AVE.  
TAMPA, FL 33606

**FEI Number: 81-3417018**

**Certificate of Status Desired: No**

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

SADORF, RICK W  
1744 N. BELCHER ROAD  
SUITE 150  
CLEARWATER, FL 33765 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            PRESIDENT, SECRETARY,  
                      TREASURER  
Name            CLAYMAN, GARY L M.D.  
Address        514 ERIE AVE.  
City-State-Zip: TAMPA FL 33606

*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: GARY CLAYMAN** \_\_\_\_\_

**PRESIDENT**

**03/30/2017**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date