

2019 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 L CLAYMAN

PRESIDENT

03/16/2019

Electronic Signature of Signing Officer/Director Detail

Date