

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 524395	
1. Entity Name DAVID H. NATHAN, M.D., P.A.	

Principal Place of Business 1016 PONCE DE LEON BLVD. SUITE #7 CLEARWATER FL 33756 US	Mailing Address 1016 PONCE DE LEON BLVD. SUITE #7 CLEARWATER FL 33756 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E034 (10/05)

4. FEI Number **59-1721401** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent NATHAN, DAVID H. 1016 PONCE DE LEON BLVD. SUITE #7 CLEARWATER FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

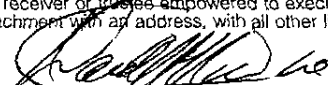
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May 2**
Trust Fund Contribution: ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NATHAN, DAVID H. 1016 PONCE DE LEON BLVD. CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 000000413642 02/11/06-60004-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NATHAN, REBECA JOAN 1016 PONCE DE LEON BLVD CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAYMOND, J. PAUL (ASST) 400 CLEVELAND ST CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DAVID H. NATHAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/20/06** Daytime Phone: **727 584 2111**