

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 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



01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NATHAN, DAVID H.
STREET ADDRESS	1016 PONCE DELEON BLVD.
CITY-STATE-ZIP	CLEARWATER FL.
TITLE	ST
NAME	NATHAN, REBECA JOAN
STREET ADDRESS	1016 PONCE DE LEON BLVD
CITY-STATE-ZIP	CLEARWATER, FL
TITLE	S
NAME	RAYMOND, J. PAUL (ASST)
STREET ADDRESS	400 CLEVELAND ST
CITY-STATE-ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/11/07-80027-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07 727 584 2131

Date

Daytime Phone #