

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 601158
1. Entity Name
ELLIOT H KLOFEIN MD PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1001 N OLIVE AVENUE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State	
Zip 33401-3599	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1263819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ELLIOT H KLOFEIN	
Street Address (P.O. Box Number is Not Acceptable) 254 NORTH WOODS ROAD	
City PALM BEACH	FL Zip Code 33480

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**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD	NAME ELLIOT H KLOFEIN
STREET ADDRESS 1001 N OLIVE AVE	
CITY-ST-ZIP WEST PALM BEACH, FL 33401	
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12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **ELLIOT H KLOFEIN, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06 **(561) 659-4644**
Date **Daytime Phone #**