
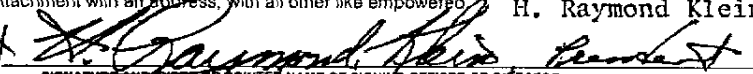


FILED
Mar 13, 2006 08:00 A
Secretary of State

DOCUMENT # 601330				Mar 13, 2006 08:00 Secretary of State	
1. Entity Name H. RAYMOND KLEIN, D.D.S., P. A.					
Principal Place of Business 943 CESERY BLVD. JACKSONVILLE, FL 32211		Mailing Address 943 CESERY BLVD. JACKSONVILLE, FL 32211			
DO NOT WRITE IN THIS SPACE					
		02202006 No Chg-P CR2E034 (11/05)			
		4. FEI Number 59-1269352		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, H RAYMOND 943 CESERY BLVD. JACKSONVILLE, FL 32211		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD KLEIN, H. RAYMOND 943 CESERY BLVD. JACKSONVILLE, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD KLEIN, RENEE M 943 CESERY BLVD. JACKSONVILLE, FL			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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. H. Raymond Klein, D.D.S. (904)743-2000					
SIGNATURE: 		Date: 2/22/06 (904)743-2000			