
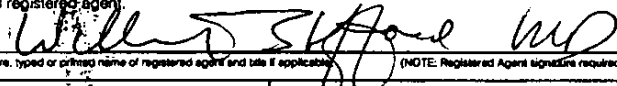
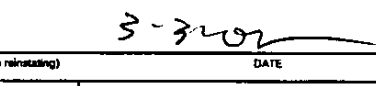


FILED
Apr 05, 2005 8:00 am
Secretary of State

03-09-2005 90031 019 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 602635 1. Entity Name STAFFORD & KLAVANS, M.D., P.A.		
Principal Place of Business 1305 S FT HARRISON AVE HARRISON SQUARE, BLDG. E CLEARWATER, FL 33756-3301 US	Mailing Address 1305 S FT HARRISON AVE HARRISON SQUARE, BLDG. E CLEARWATER, FL 33756-3301 US	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent STAFFORD, WILLIAM T 1305 S FT HARRISON AVE BLDG. E CLEARWATER, FL 33756		DO NOT WRITE IN THIS SPACE
9. 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: 3-3-05		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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: VSD NAME: KLAVANS, M SCOTT STREET ADDRESS: 2333 WETHERINGTON RD. CITY-ST-ZIP: CLEARWATER, FL		DO NOT WRITE IN THIS SPACE
TITLE: PD NAME: STAFFORD, WILLIAM T. STREET ADDRESS: 206 HARBORVIEW LANE CITY-ST-ZIP: LARGO, FL		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		