


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 602635**  
1. Entity Name  
**STAFFORD & KLAVANS, M.D., P.A.**



Principal Place of Business      Mailing Address  
1305 S FT HARRISON AVE      1305 S FT HARRISON AVE  
HARRISON SQUARE, BLDG. E      HARRISON SQUARE, BLDG. E  
CLEARWATER, FL 33756-3301 US      CLEARWATER, FL 33756-3301 US

**DO NOT WRITE IN THIS SPACE**



02072006    No Chg-P    CR2E034 (11/05)  
4. FEI Number      Applied For  
**59-1309030**      Not Applicable  
5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. 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**

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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00** May Be  
**After May 1, 2006 Fee will be \$550.00**      Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KLAVANS, M SCOTT 2333 WETHERINGTON RD. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAFFORD, WILLIAM T. 208 HARBORVIEW LANE LARGO, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** W Stafford      **2-15-06**      **727-442-7222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #