


FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90064 002 ***158.75

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 602635 1. Entity Name STAFFORD & KLAVANS, M.D., P.A.	
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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
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02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1309030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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**

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 reappointing)

DATE: 3-27-07

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

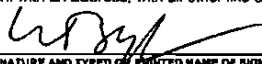
**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	KLAVANS, M SCOTT
STREET ADDRESS	2333 WETHERINGTON RD.
CITY-ST-ZIP	CLEARWATER, FL
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	

**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:  DATE: 3-27-07 DAYTIME PHONE: 727-447-7606