

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
 03-27-2002 90016 017 ***150.00

DOCUMENT # 638942

1. Entity Name
DAVID C. KLEIN, M.D., P.A.

Principal Place of Business Mailing Address
5880 49TH STREET NORTH . SUITE 101-NORTH **5880 49TH STREET NORTH . SUITE 101-NORTH**
ST. PETERSBURG FL 33709 **ST. PETERSBURG FL 33709**

2. Principal Place of Business 3. Mailing Address
2200 16th Street N. **2200 16th Street N.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
St Petersburg FL **St Petersburg FL**
 City & State City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country
33704 USA **33704 USA**

4. FEI Number **59-1944391** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, DAVID C., M.D.
5880 49TH STREET NORTH, SUITE 101-NORTH
ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name **David C Klein MD**
 Street Address (P.O. Box Number is Not Acceptable)
2200 16th Street North
 City **St Petersburg** **FL** Zip **33704**

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.

SIGNATURE **David C Klein MD** President **David C Klein MD** 3-15-02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEIN, DAVID C., M.D. 9079 BAYWOOD PARK DR. SEMINOLE FL 33777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David C Klein MD** President **3-15-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)