FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F58761** **(0)**

1. Corporate Name

ROBERT C. KLINE, M.D., P.A.

Principal Place of Business

312 PONCE DE LEON BLVD
BELLEAIR FL 34616-8438

Mailing Address

312 PONCE DE LEON BLVD
BELLEAIR FL 34616-8438

3. Date Incorporated or Qualified: **12/16/1981**

3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business
21
Suite, Apt. #
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #
27
City & State
28
Zip 29 County 30

4. FEI Number: **59-2147897** ☐ Applied For ☐ Not Applicable

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

6. Electronic Corporate Financial Transfer Funds Authorization ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KLINE, ROBERT C
312 PONCE DE LEON BLVD
BELLEAIR FL 34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

Signature of New Registered Agent (required for registered agent change) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
DPT KLINE, ROBERT C, MD 312 PONCE DE LEON BLVD BELLEAIR FL	☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change ☐ Addition
S KLINE, ROBERT C, MD 312 PONCE DE LEON BLVD BELLEAIR FL	☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change ☐ Addition
DAT KLINE, MOLLY A 312 PONCE DE LEON BLVD BELLEAIR FL	☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	AT (Assistant Treasurer) KLINE, MOLLY A 312 PONCE DE LEON BLVD BELLEAIR, FL	☒ Change ☐ Addition
	☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	DV HART, MARY B, MD 1256 DRUID RD S. BELLEAIR, FL	☐ Change ☒ Addition
	☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change ☐ Addition
	☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is accurate, furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named herein has filed its annual report or supplemental annual report as 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 12 or Block 13 if changed or added to the report or on an attachment with an address.

SIGNATURE: Robert C Kline MD PRESIDENT Jan 29, 1996 813 462-7747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #