2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

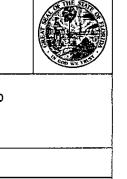
F58761 DOCUMENT

1. Entity Name

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

changed, or on an attachm

SIGNATURE:



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90172 026 ***150.00

Principal Place of Business 312 PONCE DE LEON BLVD BELLEAIR FL 33756 US		312 P(Mailing Address 312 PONCE DE LEON BLVD BELLEAIR FL 33756 US							
2. Principal Place of Business			3. Mailing Address				L 1887:68 1:81 8118: 18:11 1881 81181 1:81 8181 8	eli ufuri bibir	61 5 11 01011 1801	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			& State	•	4. F		FEI Number 59-2147897		Applied For Not Applicable	
Zip	Country		Zip		Country				68.75 Additional ee Required	
	6. Name and Address of Curren	t Registere	d Agent							
					Name					
KLINE, ROBERT C			Stree			Address (P.O. Box Number is Not Acceptable)				
312 PONCE DE LEON BLVD				1						
CLEARWATER FL 33756								}		
					City		FL	Zip Co	ode	
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										
SIGNATURE	Signature, typed or printed name of registered ager	t and title if app	licable. (NOTE	: Registere	d Agent signature requ	ired when r	reinstating) DATE			
² Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o		•				9. Election Campaign Financing Trust Fund Contribution. [00 May Be ed to Fees	
10.	OFFICERS AND DIRECTORS			11.		ΑĽ	DDITIONS/CHANGES TO OFFICERS AN	DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KLINE, ROBERT C, MD 312 PONCE DE LEON BLVD BELLEAIR FL 33756		☐ Delete		ŀ			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete KLINE, ROBERT C, MD 112 PONCE DE LEON BLVD BELLEAIR FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KLINE, MOLLY A 312 PONCE DE LEON BLVD BELLEAIR FL 33756	CE DE LEON BLVD				. c. .		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HART, MARY B MD 1256 DRUID RD S BELLEAIR FL 33756		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
indicated	on this report or supplemental report	is true and a	accurate and that m	ny signat	ure shall have th	ne same	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I ida Statutes; and that my name appears i	am an office	er or director	

Robert C. Kline MD