

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H04549

FILED  
May 01, 2006  
Secretary of State

Entity Name: CLYDE H. CLIMER, M.D., P.A.

**Current Principal Place of Business:**

521 WEST ST. RD. 434  
SUITE 204  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

521 WEST ST. RD. 434  
SUITE 204  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 59-2440426      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHIGHAM, FRANK C.  
200 W. FIRST STREET, SUITE #22  
SANFORD, FL 327721330 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CLIMER, CLYDE H., M., D.  
Address: 521 W STATE RD 434 #204  
City-St-Zip: LONGWOOD, FL

Title: ST ( ) Delete  
Name: CLIMER, LETA B.,  
Address: 521 W STATE RD 434 #204  
City-St-Zip: LONGWOOD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CLIMER, CLYDE H., M., D.  
Address: 521 W STATE RD 434 #204  
City-St-Zip: LONGWOOD, FL 32750

Title: ST (X) Change ( ) Addition  
Name: CLIMER, LETA B.,  
Address: 521 W STATE RD 434 #204  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE H. CLIMER, MD

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date