

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H04549

**FILED**  
**Apr 30, 2012**  
**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:**

4106 W. LAKE MARY BLVD.  
SUITE 324  
LAKE MARY,, FL 32746

**Current Mailing Address:**

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

**New Mailing Address:**

4106 W. LAKE MARY BLVD.  
SUITE 324  
LAKE MARY, FL 32746

**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.  
1001 HEATHROW PARK LANE  
LAKE MARY, FL 32746 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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: LETA B. CLIMER

ST

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date