

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # H64766

1. Entity Name
DOUGLAS G. STEIN, M.D., P.A.



Principal Place of Business
**3000 E. FLETCHER AVENUE
SUITE 330
TAMPA, FL 33613**

Mailing Address
**3000 E. FLETCHER AVENUE
SUITE 330
TAMPA, FL 33613**



03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2549110

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HINES, JAMES P.
315 HYDE PARK AVENUE
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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: *D Stein, MD* **DOUGLAS G. STEIN MD, PRES** *4/17/08*
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

1100000912330

05/07/08 90076-016 150.00

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
STEIN, DOUGLAS G M.D.
STREET ADDRESS
3000 E. FLETCHER AVE., #330
CITY-ST-ZIP
TAMPA, FL 336134645

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D Stein, MD* **DOUGLAS G STEIN, MD, Pres,** *4/17/08 8139721365*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #