

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64766

FILED
Mar 10, 2009
Secretary of State

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

Current Principal Place of Business:

3000 E. FLETCHER AVENUE
SUITE 330
TAMPA, FL 33613

New Principal Place of Business:

3000 E. FLETCHER AVENUE
SUITE 330
TAMPA, FL 33613 US

Current Mailing Address:

3000 E. FLETCHER AVENUE
SUITE 330
TAMPA, FL 33613

New Mailing Address:

3000 E. FLETCHER AVENUE
SUITE 330
TAMPA, FL 33613 US

FEI Number: 59-2549110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HINES NORMAN HINES, P.L.
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 US

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: CHRISTOPHER H. NORMAN

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEIN, DOUGLAS G M.D.
Address: 3000 E. FLETCHER AVE., #330
City-St-Zip: TAMPA, FL 336134645

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEIN, DOUGLAS G M.D.
Address: 3000 E. FLETCHER AVE., #330
City-St-Zip: TAMPA, FL 336134645 US

I hereby certify that the information supplied with this filing does not qualify 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: DOUGLAS G. STEIN, MD

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date