

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64766

FILED  
Apr 29, 2010  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2549110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**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 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:** DOUGLAS G. STEIN, M.D.

PD

04/29/2010

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

\_\_\_\_\_  
Date