

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 13, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # H82886****1. Entity Name****DENNIS B. DOVE, M.D., P.A.****Principal Place of Business**

1330 S.E. 4TH AVE., SUITE H

FT. LAUDERDALE  
33316

FL

**Mailing Address**

PO BOX 50116

AMARELLO  
791590116

TX

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

PO BOX 50116

Suite, Apt. #, etc.

**City & State**City & State  
AMARILLO TX**Zip****Country****Zip****Country**

791590116

**4. FEI Number****59-2614479****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**KRISTON TODD W  
8211 W BROWARD BLVD STE 375PLANTATION  
33304

FL

**7. Name and Address of New Registered Agent****Name**

KLISTON TODD W

**Street Address (P.O. Box Number is Not Acceptable)**

8211 W BROWARD BLVD STE 375

City  
PLANTATION

FL

Zip Code  
33304**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.****SIGNATURE TODD KLISTON**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**09/13/2000**

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)**☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing  
Trust Fund Contribution.**☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	KERR-DOVE, CLAUDETTE E.	
STREET ADDRESS	PO BOX 50116	
CITY-ST-ZIP	AMARILLO TX	

TITLE	P	<input type="checkbox"/> Delete
NAME	DOVE, DENNIS B.	
STREET ADDRESS	PO BOX 50116	
CITY-ST-ZIP	AMARILLO TX	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** Dennis B. Dove M.D.

P 09/13/2000