

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90124 025 ***150.00

DOCUMENT # J90412

1. Entity Name

KLEMPNER AND ASSOCIATES, M.D., P.A.

Principal Place of Business

% LEV B. KLEMPNER, M.D.
 POST OFFICE BOX 9723
 BRADENTON FL 34206

Mailing Address

% LEV B. KLEMPNER, M.D.
 POST OFFICE BOX 9723
 BRADENTON FL 34206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2840650**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KLEMPNER, LEV B.
 MANATEE MEMORIAL HOSPITAL
 206 SECOND ST. E.
 BRADENTON FL 34208**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	KLEMPNER, LEV B., MD	
STREET ADDRESS	206 SECOND STREET EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	✓	<input type="checkbox"/> Delete ✓ Addition
NAME	Gregory Skarulis, MD	
STREET ADDRESS	747 Hillcrest Dr.	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE	✓	<input type="checkbox"/> Delete ✓ Addition
NAME	Eli Drilman, MD	
STREET ADDRESS	7308 Riverview Dr	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	✓	<input type="checkbox"/> Delete ✓ Addition
NAME	Maurice Saunders MD	
STREET ADDRESS	204 3rd St W #104	
CITY-ST-ZIP	Bradenton FL 34205	
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
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: **✓ Lev Klemper, M.D.** **4/9/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

941-745-7311