

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 16, 2004 8:00 am
Secretary of State**

03-16-2004 90018 049 ***150.00

DOCUMENT # P00000032797
1. Entity Name Douglas W. Klotch M.D., P.A.

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44018027

2. Principal Place of Business 3450 E. Fletcher Ave Suite 260 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33613	Country USA	Zip	Country

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4. FEI Number 59-3636044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	
Name KLOTCH, DOUGLAS W.	
Street Address (P.O. Box Number is Not Acceptable) 3450 E. FLETCHER AVE SUITE 260	
City TAMPA	State FL
	Zip Code 33613

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOTCH, DOUGLAS W 3450 E. FLETCHER AVE SUITE 260 TAMPA, FL 33613
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Holly Klotch **3/12/2004** **(813) 977-1350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #