

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90001 031 ***558.75

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1. Entity Name
 DOUGLAS W. KLOTCH, M.D., P.A.



Principal Place of Business 3450 E. FLECHTER AVE SUITE 260 TAMPA, FL 33612 <i>US CHANGE 33613-4697</i>	Mailing Address 3450 E. FLECHTER AVE SUITE 260 TAMPA, FL 33612 <i>US</i>
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07262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

KLOTCH, DOUGLAS W M.D.
 3450 E. FLECHTER AVE
 SUITE 260
 TAMPA, FL 33612

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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: *Holly Klotch* (NOTE: Registered Agent signature required when reinstating) DATE: *7/25/05*

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOTCH, DOUGLAS W 3450 E FLECHTER AVE SUITE 260 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Holly Klotch* VICEPRESIDENT DATE: *7/25/05* 8139225162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #