

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90096 030 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

DO NOT WRITE IN THIS SPACE

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

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

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7. Name and Address of Current Registered Agent	
Name DOUGLAS W. KLOTCH	
Street Address (P.O. Box Number is Not Acceptable) 3450 E. FLETCHER AVE #260	
City TAMPA	Zip Code FL 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 Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DOUGLAS W. KLOTCH 3450 E, FLETCHER AVE #260 TAMPA, FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HOLLY KLOTCH 3450 E. FLETCHER AVE #260 TAMPA, FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 HOLLY KLOTCH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 3/12/2006 (813) 977-1350
 Daytime Phone #