

FILED
Mar 15, 2007 8:00 am
Secretary of State TX1

03-15-2007 90023 016 ***150.00

**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	4. FEI Number 59-3636044	Applied For Not Applicable
Zip 33613	Country USA	Zip	Country

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40036261

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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 **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	PRESIDENT
NAME	DOUGLAS W. KLOTCH
STREET ADDRESS	3450 E. FLETCHER AVE SUITE 260
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	VICE PRESIDENT
NAME	HOLLY KLOTCH
STREET ADDRESS	3450 E. FLETCHER AVE SUITE 260
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Holly Klotch **HOLLY KLOTCH** 3/12/2007 **(813) 977-1350**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #