

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

09 APR -6 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # <i>P00000032797</i>	
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.
---	---

DO NOT WRITE IN THIS SPACE

City & State Tampa, FL	City & State	4. FEI Number 59-3636044	Applied For <input type="checkbox"/> Not Applicable
Zip 33613	Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 SUITE 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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DOUGLAS W KLOTCH 3450 E FLETCHER AVE SUITE 260 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HOLLY KLOTCH 3450 E FLETCHER AVE SUITE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *3/10/2009* (813) 977-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #