

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032797

FILED  
Jan 11, 2010  
Secretary of State

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

**Current Principal Place of Business:**

3450 E. FLECHTER AVE  
SUITE 260  
TAMPA, FL 336134697 US

**New Principal Place of Business:**

**Current Mailing Address:**

3450 E. FLECHTER AVE  
SUITE 260  
TAMPA, FL 336134697 US

**New Mailing Address:**

FEI Number: 59-3636044      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KLOTCH, DOUGLAS W  
Address: 3450 E FLECHTER AVE SUITE 260  
City-St-Zip: TAMPA, FL 33612

Title: VP  
Name: KLOTCH, HOLLY  
Address: 3450 E. FLETCHER AVE SUITE 260  
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS W. KLOTCH MD

P

01/11/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date