

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**  
 04-16-2001 90478 045 \*\*\*150.00

**DOCUMENT # P00000059909**

1. Entity Name  
**HOWARD D. KLEIN, MD, P.A.**

Principal Place of Business Mailing Address  
**508 JEFORDS ST., SUITE D 508 JEFORDS ST., SUITE D**  
**CLEARWATER FL 33756 CLEARWATER FL 33756**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3669057** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**KLEIN, HOWARD D**  
**5154 LOQUAT CT.**  
**PALM HARBOR FL 34685**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

TITLE **D, P** ☐ Delete  
 NAME **KLEIN, HOWARD D**  
 STREET ADDRESS **5154 LOQUAT CT.**  
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Beverly Klein**  
 STREET ADDRESS **5154 LOQUAT CT**  
 CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE ☐ Change ☐ Addition  
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Howard D Klein  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01 727-443-7700  
 Date Daytime Phone #

CR2E034 (10/00)