

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000059909

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



Principal Place of Business

**508 JEFORDS ST., SUITE D
CLEARWATER, FL 33756**

Mailing Address

**508 JEFORDS ST., SUITE D
CLEARWATER, FL 33756**

DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

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**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KLEIN, BEVERLY
5154 LOQUAT CT
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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02/16/05-80017-020 150.00

**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)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

HOWARD KLEIN

2/10/05
Date

727 443-7700
Daytime Phone #