

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042273

Entity Name: MARIUSZ J. KLIN, M.D., P.A.

FILED  
Apr 22, 2011  
Secretary of State

**Current Principal Place of Business:**

2202 STATE AVE  
SUITE 301  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 452  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number: 02-0688777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLIN, MARIUSZ J  
103 HERITAGE COURT  
LYNN HAVEN, FL 32444 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KLIN, MARIUSZ J  
Address: 103 HERITAGE CT.  
City-St-Zip: LYNN HAVEN, FL 32444

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: MARIUSZ J. KLIN

PRES

04/22/2011

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

\_\_\_\_\_  
Date