


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000073513	
1. Entity Name GREGORY M. KLYM, D.M.D., P.A.	

Principal Place of Business 1001 EAST OCEAN BLVD. STE 102 STUART, FL 34996	Mailing Address 1001 EAST OCEAN BLVD. STE 102 STUART, FL 34996
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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0445028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KLYM, GREGORY M. 1001 EAST OCEAN BLVD. STUART, FL 34996

**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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KLYM, GREGORY M 1001 E OCEAN BLVD. STUART, FL 34996
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IN THIS SPACE**

100000442900
03/04/06-80038-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

2/13/06 722 286 1686
Date Daytime Phone #