

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000073513

1. Entity Name

GREGORY M. KLYM, D.M.D., P.A.



FILED
Apr 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

1001 EAST OCEAN BLVD.
STE 102
STUART FL 34996

Mailing Address

1001 EAST OCEAN BLVD.
STE 102
STUART FL 34996



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0445028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLYM, GREGORY M.
1001 EAST OCEAN BLVD.
STUART FL 34996

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. 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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|---|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PSTD KLYM, GREGORY M 1001 E OCEAN BLVD. STUART FL 34996 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | U000000687295 04/10/07-80034-018 150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07 7722861606