

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

08-08-2002 90093 038 ***150.00

DOCUMENT # P93000073891

1. Entity Name
KINDER CLINIC, PA

Principal Place of Business

% OFFICE MANAGER
 435 SECOND STREET N.E.
 WINTER HAVEN FL 33881

Mailing Address

% OFFICE MANAGER
 435 SECOND STREET N.E.
 WINTER HAVEN FL 33881



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3196072**

Applied For
 Not Applicable

Zip Country Zip Country

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

KLEINE, JOSEF S
435 SECOND STREET N.E.
WINTER HAVEN FL 33881

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KLEINE, JOSEF S 435 SECOND STREET N.E. WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITWORTH, HEATHER S 435 2ND ST NE WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: Heather S. Whitworth, MD **Heather S. Whitworth**

Date 8/5/02 Daytime Phone # (863) 342-9945

CR2E034 (4/02)

Attachment

973462



KINDER CLINIC, P.A.

435 2nd Street, N.E.

Winter Haven, Florida 33881

(863) 299-4567

#P300075891

Josef S. Kleine, M.D.
Pediatrics

Heather S. Whitworth, M.D.
Pediatrics

To Whom It May Concern,

08-05-02

Re: 2002 Uniform Business Report
FEI#: 59-3196072

I have just recently received the first notice as to the filing deadline for the Division of Corporations. I am requesting that the late fee be waived since we did NOT receive prior notice. Thank you for your understanding in this matter.

Sincerely,

Josef S. Kleine, MD