FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000037211

1. Corporation Name

DAVID M. KLEIN, M.D., OPHTHALMOLOGIST, P.A.

Principal Place of Business

Mailing Address

2595 HARBOR BLVD. NO. 207

2595 HARBOR BLVD, NO. 207

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90251 018 ***150.00

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PORT CHARLOT		PORT CHARLOTTE FL 3395	2	DO NOT WRITE IN THIS SPACE
•			•	3. Date Incorporated or Qualifed
				04/24/1998
2. Drive is at DI	and of Business	2a. Mailing Address		4. FEI Number Applied For
	AMIAMI IRAIL		MIAMI 1RA	11L 65-0829646 Not Applicable
21 /(0/0/0 Suite, Apt. i		26 / 600 / H	MILLIAN MER	\$8.75 Additional
	#, etc. 4 / D /.	27 8//179	101	5. Certificate of Status Desired Fee Required
22 SUIT	7 101	Oity & State		, 6. Election Campaign Financing 55.00 May Be
	- (HADIATE, FL	In DIOT (HAD	LOTTE HO	Trust Fund Contribution Added to Fees
Zin Zin	Country	Zip	Country	This corporation owes the current year intangible
24 3394	-8 25 USA		30 USA	Personal Property Tax. Yes Yano
	9. Name and Address of Current i	Registered Agent	81 Name	10. Name and Address of New Registered Agent
GASS	SMAN, ALAN S ESQUIRE		[]	JAVID M. KILIN, M.D.
	COURT STREET, SUITE 102		82 Street	Address (P.O. Box Number is Not Acceptable)
	ARWATER FL 33756		83	00 TAMIAMI IKAIL, TIOI
OLL	MINALETT E 35750		83 (,
	,		84 City	NOT CHARLOTTE FL 85 33948
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligatio	Florida, Such change was au	ithorized by the corp	oration's board of directors. I hereby accept the appointment as registered
_	The state of the s	,15 01, 0000011 007 10000 17 101	,	. D441<199
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature	required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME.	KLEIN, DAVID M M.D.	,	1.2 NAME	DAVID M. Klein, M.D.
STREET ADDRESS	2595 HARBOR BLVD. NO. 207		1.3 STREET ADDRESS	1600 TAMIAMI TEAIL #101
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		1.4 CITY-ST-ZIP	PROT CHARIATE, FL. 33948
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	` ☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS	•		3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY+ST-ZIP	
TITLE	•	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		•	4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	,
CITY-ST-ZIP			5.4 CITY+ST-ZIP	
TITLE	يس جوزه وهوري الأر	☐ DELETE	6.1 TITLE	Change Addition
NAME DOOR	Strain Court		6.2 NAME	
STREET ADDRESS	a later and the second		6.3 STREET ADDRESS]
CITY-ST-ZIP	是代 和對 \$ 656.00美		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: