

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000037211	
1. Entity Name DAVID M. KLEIN, M.D., OPHTHALMOLOGIST, P.A.	

Principal Place of Business 1600 TAMiami TRAIL STE 101 PORT CHARLOTTE FL 33948	Mailing Address 1600 TAMiami TRAIL STE 101 PORT CHARLOTTE FL 33948
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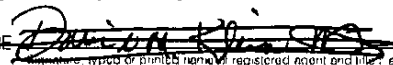


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0829646		Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
KLEIN, DAVID M M.D. 1600 TAMiami TR STE 101 PORT CHARLOTTE FL 33948		
7. Name and Address of New Registered Agent		
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.

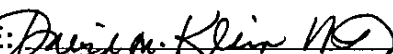
SIGNATURE  DATE **4/30/07**

(NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP D KLEIN, DAVID M M.D. ☐ Delete 1600 TAMiami TR STE 101 PORT CHARLOTTE FL		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 000000756588 ☐ Change ☐ Addition 05/24/07-80012-020 150.00	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:  DATE **4/30/07** DAYTIME PHONE # **94764-0632**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR