

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025959

FILED
Jan 09, 2011
Secretary of State

Entity Name: NORMAN M. KLINE, M.D., P.A.

Current Principal Place of Business:

1801 UNIVERSITY DR, STE 102
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1801 UNIVERSITY DR, STE 102
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0972799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, NORMAN M
1801 UNIVERSITY DR, STE 102
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: KLINE, NORMAN M MD
Address: 1801 UNIVERSITY DRIVE STE 102
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S
Name: KLINE, BARBARA M
Address: 1801 UNIVERSITY DR STE 102
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN M KLINE MD

P

01/09/2011

Electronic Signature of Signing Officer or Director

Date