

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 524395

**Entity Name:** DAVID H. NATHAN, M.D., P.A.

**Current Principal Place of Business:**

1016 PONCE DE LEON BLVD.  
SUITE #7  
CLEARWATER, FL 33756

**Current Mailing Address:**

1016 PONCE DE LEON BLVD.  
SUITE 7  
CLEARWATER, FL 33756 US

**FEI Number:** 59-1721401

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NATHAN, REBECCA J  
157 FLAMINGO DRIVE  
BELLEAIR, FL 33756 US

*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

**Officer/Director Detail :**

Title P  
Name NATHAN, DAVID H.  
Address 1016 PONCE DELEON BLVD.  
City-State-Zip: CLEARWATER FL 33756

Title VP  
Name NATHAN, REBECA JOAN  
Address 157 FLAMINGO DRIVE  
City-State-Zip: BELLEAIR FL 33756

Title S  
Name RAYMOND, J. PAUL (ASST)  
Address 625 COURT STREET  
City-State-Zip: CLEARWATER FL 33756

*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:** DAVID H. NATHAN

**PRESIDENT**

**02/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date