

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000032797

**Entity Name:** DOUGLAS W. KLOTCH, M.D., P.A.

**Current Principal Place of Business:**

3450 E. FLETCHER AVE  
SUITE 260  
TAMPA, FL 33613-4697

**FILED**  
**Jan 15, 2016**  
**Secretary of State**  
**CC5141466875**

**Current Mailing Address:**

3450 E. FLETCHER AVE  
SUITE 260  
TAMPA, FL 33613-4697 US

**FEI Number: 59-3636044**

**Certificate of Status Desired: Yes**

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

KLOTCH, DOUGLAS WM.D.  
3450 E. FLETCHER AVE  
SUITE 260  
TAMPA, FL 33613 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            D  
Name            KLOTCH, DOUGLAS W  
Address        3450 E FLETCHER AVE SUITE 260  
City-State-Zip: TAMPA FL 33612

Title            VP  
Name            KLOTCH, HOLLY  
Address        3450 E. FLETCHER AVE SUITE 260  
City-State-Zip: TAMPA FL 33613

*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: DOUGLAS W. KLOTCH MD**

**PRESIDENT**

**01/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date