

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000084857

**Entity Name:** LAWRENCE N. KLEIN, D.D.S., P.A.

**Current Principal Place of Business:**

2000 - 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

2000 - 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33713

**FEI Number:** 20-1255375

**Certificate of Status Desired:** No

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

KLEIN, LAWRENCE N  
2000 - 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33713 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 DR.  
Name KLEIN, LAWRENCE N  
Address 2000 - 5TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33713

*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:** LAWRENCE N KLEIN DDS

**PRESIDENT**

**04/27/2016**

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

\_\_\_\_\_  
Date