

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000008318

**Entity Name:** DAVID M. DRESDNER, M.D., P.A.

**Current Principal Place of Business:**

603 7TH STREET SOUTH  
SUITE 560  
SAINT PETERSBURG, FL 33701

**Current Mailing Address:**

603 7TH STREET SOUTH  
SUITE 560  
SAINT PETERSBURG, FL 33701

**FEI Number:** 59-3695009

**Certificate of Status Desired:** No

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

DRESDNER, DAVID MMD  
125 PARK STREET SOUTH  
ST PETERSBURG, FL 33707 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            DRESDNER, DAVID MMD  
Address        125 PARK STREET SOUTH  
City-State-Zip: ST PETERSBURG FL 33707

*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 M DRESDNER

**PRESIDENT**

**04/15/2013**

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

\_\_\_\_\_  
Date