


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90359 026 ***150.00

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1. Entity Name
 DRS. ORR, BRAUKMAN & RAUCHWAY, P.A.



Principal Place of Business
 800 2ND AVE SOUTH
 STE 210
 SAINT PETERSBURG, FL 33701 US

Mailing Address
 800 2ND AVE SOUTH
 STE 210
 SAINT PETERSBURG, FL 33701 US

2. Principal Place of Business
 800 2ND AVE SOUTH

3. Mailing Address
 800 2ND AVE SOUTH

Suite, Apt. #, etc.
 STE 340

Suite, Apt. #, etc.
 STE 340

City & State
 ST PETERSBURG, FL

City & State
 ST PETERSBURG, FL

Zip
 33701

Country
 US

Zip
 33701

Country
 US

40050301



04112006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-1316491

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

RAUCHWAY, MICHAEL
 1201 5TH AVE N.
 STE 202
 ST. PETERSBURG BEACH, FL 33705

Name
 STEVEN SCHIRM

Street Address (P.O. Box Number is Not Acceptable)
 791 SUWANNEE COURT NE

City
 ST PETERSBURG FL Zip Code
 33702

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Steven D. Schirm M.D.* **STEVEN D. SCHIRM, M.D.** **4-13-06**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **PRESIDENT** DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE PD Delete
 NAME RAUCHWAY, MICHAEL
 STREET ADDRESS 3216 CEL CENTRE
 CITY-ST-ZIP ST PETERSBURG, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME LARSEN, CHRISTINE
 STREET ADDRESS 800 2ND AVE SOUTH
 CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE Change Addition
 NAME
 STREET ADDRESS 1515 BRIGHT WATERS BLVD. NE
 CITY-ST-ZIP ST PETERSBURG, FL 33704

TITLE VD Delete
 NAME EGAN, THOS.
 STREET ADDRESS 2250 MERMAID PT. NE
 CITY-ST-ZIP ST. PETERSBURG, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME SCHIRM, STEVEN
 STREET ADDRESS 791 SUWANNEE CT. NE
 CITY-ST-ZIP ST PETERSBURG, FL

TITLE Change Addition
 NAME PD
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME SD
 STREET ADDRESS RAHAIM, MATTHEW
 CITY-ST-ZIP 4617 W. LOWELL AVE.
 TAMPA, FL 33629

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven D. Schirm M.D.* **STEVEN D. SCHIRM, M.D.** **4-13-06** **727-896-3134**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **M.D. PRESIDENT** Date Daytime Phone #