


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # F04452
 1. Entity Name
HARRY W. EICHENBAUM, M.D., P.A.



Principal Place of Business Mailing Address
 1609 PASADENA AVE. S., SUITE 3G 1609 PASADENA AVE. S., SUITE 3G
 C/O HARRY W. EICHENBAUM, M.D. C/O HARRY W. EICHENBAUM, M.D.
 SOUTH PASADENA, FL 33707 SOUTH PASADENA, FL 33707



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2040141** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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6. Name and Address of Current Registered Agent
EICHENBAUM, HARRY W., MD.
1609 PASADENA AVE. S., SUITE 3G
SOUTH PASADENA, FL 33707

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	DP
NAME	EICHENBAUM, HARRY W
STREET ADDRESS	1609 PASADENA AVE S #3G
CITY- ST- ZIP	SOUTH PASADENA, FL 00000.
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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U00000519248
 05/02/06-80046-012 150.00

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: *Harry W. Eichenbaum MD* 4-15-06 (727)345-3621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #