

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F85216**

1. Entity Name  
JEFFREY G. DRAESEL, M.D., P.A.



Principal Place of Business

1124 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154-2069

Mailing Address

1124 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154-2069

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**



04202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2200569

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DRAESEL, JEFFREY G  
1108 KANE CONCOURSE STE #300  
BAY HARBOR ISLANDS, FL 33154

**DO NOT WRITE  
IN THIS SPACE**

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 type if applicable*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DRAESEL, JEFFREY G.
STREET ADDRESS	1124 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 331542069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000761827  
05/25/07-80071-013-150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

305 864 1373

Daytime Phone #