



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # G36874			
1. Entity Name DAVID S. RAUSCHENBERGER, M.D., P.A.			
Principal Place of Business % DAVID S. RAUSCHENBERGER, M.D. P.O BOX 741125 ORANGE CITY, FL 32774 US		Mailing Address % DAVID S. RAUSCHENBERGER, M.D. P.O BOX 741125 ORANGE CITY, FL 32774 US	
DO NOT WRITE IN THIS SPACE		01112004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2289406	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
RAUSCHENBERGER, DAVID S., M.D. 215 WHITE DOVE AVENUE ORANGE CITY, FL 32763		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAUSCHENBERGER, DAVID S P.O BOX 741125 N/A ORANGE CITY, FL 00000,	U000000008162 01/20/04-80054-007 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		1/13/04 (386)775-0710	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	