## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # G36874

1. Entity Name

DAVID S. RAUSCHENBERGER, M.D., P.A.



**FILED** Jan 19, 2007 08:00 AM **Secretary of State** 

> Applied For Not Applicable

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



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

6. Name and Address of Current Registered Agent

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RAUSCHENBERGER, DAVID S., M.D. 215 WHITE DOVE AVENUE ORANGE CITY, FL 32763

## DO NOT WRITE IN THIS SPACE

I				g til også være en er eller Aller og søregefaller i skriver en eller					
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: Registerer	d Agent signature required when reinstating)	DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIRE	CTORS		the transfer of the state					
TIFLE NAME STREET ADDRESS CITY+ST-ZIP	PD RAUSCHENBERGER, DAVID S P.O BOX 741125 N/A ORANGE CITY, FL 32774		Andrew State of State	0000005926 01/19/07-8006	68 9-025 150 00				
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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 addition with an addition of the empowered.									