

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J85105

1. Corporation Name
DAVID TEITELBAUM M.D. - P.C.

Principal Place of Business Mailing Address
DAVID Teitelbaum M.D. P.C.
413 BRACEY LANE
South Hill, VA. 23970

3. Date Incorporated or Qualified 3a. Date of Last Report

21	2. Principal Place of Business 413 BRACEY LANE Suite, Apt # etc	2a. Mailing Address 213 N. BERMUDA AVE Suite, Apt #, etc	4. FEI Number 59-2835741	Applied For Not Applicable
22	City & State South Hill, VA.	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip 23970	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country U.S.A.	29	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name PETER FREULER		
				82	Street Address (P.O. Box Number is Not Acceptable) 231 N. BERMUDA		
				83			
				84	City KISSIMMEE	85	FL
							Zip Code 34741

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: Pete J. Freuler
Signature of type or printed name of registered agent and 25% if applicable. (FEE: The proposed Agent is just a placeholder when recording. CAT:)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Sec/TREASURER	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID TEITELBAUM M.D.	2. NAME	
STREET ADDRESS	413 BRACEY LANE, South Hill	3. STREET ADDRESS	
CITY - ST - ZIP	VIRGINIA 23970	4. CITY - ST - ZIP	
TITLE	(804) 447-7645	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY - ST - ZIP		8. CITY - ST - ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY - ST - ZIP		12. CITY - ST - ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 or Block 13a attached to this attachment with an address.

SIGNATURE: David Teitelbaum M.D.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DAVID TEITELBAUM

CR2E034 (12/95)