


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90185 012 ***150.00

DOCUMENT # P00000067524 1. Entity Name THE RENAISSANCE MEDICAL GROUP, P.A.	
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Principal Place of Business 509 JACKSON ST. N. ST PETERSBURG, FL 33705	Mailing Address 509 JACKSON ST. N. ST PETERSBURG, FL 33705
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DO NOT WRITE IN THIS SPACE



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3657985	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

**CAMPBELL, C. PHILLIP JR
SHUMAKER, LOOP & KENDRICK, LLP
101 E KENNEDY BLVD, STE 2800
TAMPA, FL 33602**

**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.

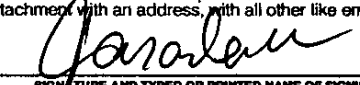
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENNY, KEVIN M M MD 509 JACKSON STREET NORTH SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT WEITMAN, MARK MD 509 JACKSON STREET NORTH SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CASADEVALLS, JUAN P MD 509 JACKSON STREET NORTH SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ELLIOT, VICTORIA J 101 EAST KENNEDY, SUITE 2800 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Juan P. Casadevall MD

2/28/05 **727-822-9497**
Date Daytime Phone #