


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P 00000108585</u>	
1. Entity Name <u>T.P.C.H. OF Brandon, INC.</u>	

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FILED

05 JAN -4 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>4518 B 19TH ST CIR W.</u>		3. Mailing Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>BRADENTON, FL</u>		City & State	
Zip <u>34207</u>	Country	Zip	Country

REINSTATEMENT 03-04

11/03/03 DO NOT WRITE IN THIS SPACE 01093 008 \$150.00

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>Erhard Doberschütz</u>		
		Street Address (P.O. Box Number is Not Acceptable)	
		<u>4518 B 19TH ST. CIR W.</u>	
		City <u>BRADENTON</u>	FL Zip Code <u>34207</u>

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
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		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	<u>Doberschütz Erhard</u> <u>4518 B 19TH ST. CIR W.</u> <u>BRADENTON FL 34207</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>800044526628</u> <u>01/11/05--01037--013 **300.00</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Erhard Doberschütz 30. Dec. 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

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Secretary of State
Division for Corporations
PO box 6327
Tallahassee, Florida 32314
Reinstatement Section
Attention Eula Peterson Personal and Confidential

Dear Ms. Peterson,

I did not receive a cancellation notice, nor did I receive a penalty letter.
Please waive the \$600.00 penalty.

If you have any questions, please feel free to contact me at (941) 812 – 5624.

Sincerely,


Erhard Doberschütz