


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P01000008318**  
 1. Entity Name  
**DAVID M. DRESDNER, M.D., P.A.**



Principal Place of Business      Mailing Address  
**1099 5TH AVENUE NORTH**      **1099 5TH AVENUE NORTH**  
**#120**      **#120**  
**SAINT PETERSBURG, FL 33705**      **SAINT PETERSBURG, FL 33705**

**DO NOT WRITE IN THIS SPACE**



02012008    No Chg-P    CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-3695009</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
**DRESDNER, DAVID M MD**  
**125 PARK STREET SOUTH**  
**ST PETERSBURG, FL 33707**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing        **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.   

10. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | D                       |
| NAME           | DRESDNER, DAVID M MD    |
| STREET ADDRESS | 125 PARK STREET SOUTH   |
| CITY- ST- ZIP  | ST PETERSBURG, FL 33707 |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
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| CITY- ST- ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |

**DO NOT WRITE IN THIS SPACE**

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 02/20/08-80064-009-150.00

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 address, with all other like empowered.

**SIGNATURE:**       **2/7/08**      **727 820 7714**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #