

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000008318

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** DAVID M. DRESDNER, M.D., P.A.

**Current Principal Place of Business:**

1099 5TH AVENUE NORTH  
#120  
SAINT PETERSBURG, FL 33705

**New Principal Place of Business:**

603 7TH STREET SOUTH  
SUITE 560  
SAINT PETERSBURG, FL 33701

**Current Mailing Address:**

1099 5TH AVENUE NORTH  
#120  
SAINT PETERSBURG, FL 33705

**New Mailing Address:**

603 7TH STREET SOUTH  
SUITE 560  
SAINT PETERSBURG, FL 33701

**FEI Number:** 59-3695009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRESDNER, DAVID M MD  
125 PARK STREET SOUTH  
ST PETERSBURG, FL 33707 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DRESDNER, DAVID M MD  
Address: 125 PARK STREET SOUTH  
City-St-Zip: ST PETERSBURG, FL 33707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID M DRESDNER

PRES

01/23/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date