## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #.P02900073334 1. Entity Name

TERESA P. BRANDT, M.D., P.A.

Principal Place of Business

621 MEDICAL CARE DRIVE BRANDON, FL 33511

Mailing Address

621 MEDICAL CARE DRIVE BRANDON, FL 33511

## **FILED** Mar 22, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
01-0725681	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANDT, TERESA P M.D. 513 RIVERHILLS DRIVE TEMPLE TERRACE, FL 33617

SIGNATURE:

## 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, typical or pointed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling)  OATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	U00000093217 03/22/04-80008-017 150.00	
10,	OFFICERS AND DIREC	TORS			<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANDT, TERESA P MD 513 RIVERHILLS DR. TEMPLE TERRACE, FL 33617					
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12. Thereby certify that the information supplied with this filling 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 cetth, 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.						