

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000073334  
 1. Entity Name  
 TERESA P. BRANDT, M.D., P.A.



Principal Place of Business      Mailing Address  
 621 MEDICAL CARE DRIVE      621 MEDICAL CARE DRIVE  
 BRANDON, FL 33511              BRANDON, FL 33511

**DO NOT WRITE IN THIS SPACE**



01312005      No Chg-P      CR2E034 (10/03)

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

1100000304660  
 04/14/05-80048-018 150.00

10. OFFICERS AND DIRECTORS

|                 |                          |
|-----------------|--------------------------|
| TITLE           | P                        |
| NAME            | BRANDT, TERESA P MD      |
| STREET ADDRESS  | 513 RIVERHILLS DR.       |
| CITY - ST - ZIP | TEMPLE TERRACE, FL 33617 |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Teresa P. Brandt*      2/25/05      (813) 657-3330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #