

FILED
Feb 05, 2007 08:00 AM
Secretary of State

1. Entity Name
TERESA P. BRANDT, M.D., P.A.



Principal Place of Business
621 MEDICAL CARE DRIV
BRANDON, FL 33511

Mailing Address
621 MEDICAL CARE DRIVE
BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0725681

Applied For
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.	OFFICERS AND DIRECTORS
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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

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02/12/07-80014-021 158.75

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #