

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080278

Entity Name: EDIT TOLNAI, M.D., P.A.

FILED
Jul 03, 2005
Secretary of State

Current Principal Place of Business:

803 UNIVERSITY BOULEVARD
SUITE 305
JUPITER, FL 33458 US

Current Mailing Address:

803 UNIVERSITY BOULEVARD
SUITE 305
JUPITER, FL 33458 US

FEI Number: 20-1140984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

New Principal Place of Business:

1002 S. OLD DIXIE HWY
SUITE 104
JUPITER, FL 33458 US

New Mailing Address:

700 VIA ROYALE
SUITE 702
JUPITER, FL 33458 US

Name and Address of Current Registered Agent:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

TOLNAI, EDIT
700 VIA ROYALE
SUITE 702
JUPITER, FL 33458 US

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: EDIT TOLNAI, M.D.

07/03/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOLNAI, EDIT M.D.
Address: 803 UNIVERSITY BOULEVARD, SUITE 305
City-St-Zip: JUPITER, FL 33410 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOLNAI, EDIT M.D.
Address: 700 VIA ROYALE #702
City-St-Zip: JUPITER, FL 33458 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EDIT TOLNAI, M.D.

P

07/03/2005

Electronic Signature of Signing Officer or Director

Date