


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90035 030 \*\*\*150.00

DOCUMENT # P04000080278

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



Principal Place of Business Mailing Address

~~1240 S. OLD DIXIE HWY 1309 N. FLAGLER DR.~~ 700 VIA ROYALE P.O. BOX 15978  
 SUITE 200 SUITE 702  
~~JUPITER, FL 33458 US WEST PALM BEACH,~~ JUPITER, FL 33458 US  
 FLA. 33401 WEST PALM BEACH, FLA. 33416

40000100



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01112007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For  
 20-1140984 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TOLNAI, EDIT 700 VIA ROYALE 1309 N. FLAGLER DR. SUITE 702 JUPITER, FL 33458 WEST PALM BEACH, FLA. 33401		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOLNAI, EDIT M.D. 700 VIA ROYALE #702 1309 N. FLAGLER DR. JUPITER, FL 33458 WEST PALM BEACH, FLA. 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: EDIT TOLNAI, M.D. Date: 3/29/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #