

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166556

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** LAURENCE H. BRENNER, M.D., P.A.

**Current Principal Place of Business:**

505 MAITLAND AVE  
SUITE 1050  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

687 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

505 MAITLAND AVE  
SUITE 1050  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

687 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 76-0769872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRENNER, LAURENCE H  
505 MAITLAND AVE  
SUITE 1050  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

BRENNER, LAURENCE H MD  
687 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714 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:** LAURENCE H BRENNER, MD

03/30/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** BRENNER, LAURENCE H MD  
**Address:** 435 PALM CREST LN  
**City-St-Zip:** LAKE MARY, FL 32746 US

I hereby 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 all other like empowered.

**SIGNATURE:** LAURENCE H BRENNER, MD

PRES

03/30/2010

Electronic Signature of Signing Officer or Director

Date