

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000028997

1. Entity Name

REICHERT R. TREUHERZ M.D. P.A.



**FILED
Mar 28, 2006 8:00 am
Secretary of State**

02-13-2006 90017 021 ***150.00

Principal Place of Business

3773 N. FEDERAL HWY
POMPANO BEACH FL 33064

Mailing Address

3773 N. FEDERAL HWY
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

2198 Discovery Cir West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deerfield Beach, FL

Zip

Zip

33442

Country

4. FEI Number

405-0316198

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOTH, ALEXANDRU
3773 NORTH FEDERAL HWY.
POMPANO BEACH FL 33064

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

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

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: *Pres. Agent* Delete
NAME: Robert Treuherz
STREET ADDRESS: 2198 Discover Cir West
CITY-ST-ZIP: Deerfield Beach, FL 33442

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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NAME: Change Addition
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CITY-ST-ZIP: Change Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1/24/06

Date

(305) 938-0543

Daytime Phone #