

FROM

(MON) APR 25 2005 21:19/ST. 21:19/No. 6834426763 P 3

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000035541 1. Entity Name RENATA TEYTELBAUM, M.D., P.A.	
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Principal Place of Business

**585 MAIN ST.
SUITE 101
DUNEDIN, FL 34698**

Mailing Address

**PO BOX 1228
DUNEDIN, FL 34698-0760 US**
DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (10/03)

 4. FEI Number
69-3181230

 Applied For
 Not Applied

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

6. Name and Address of Current Registered Agent

**JACOBS, RICHARD O
ONE PROGRESS PLACE
200 CENTRAL AVE #1600
ST PETERSBURG, FL 33701**
**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 signatures required when revalidating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TEYTELBAUM, RENATA
STREET ADDRESS	585 MAIN ST., SUITE 101
CITY-ST-ZIP	DUNEDIN, FL 34698

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 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

 4/28/05 727-734-6777
 Date Daytime Phone #