

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000035541

1. Entity Name
RENATA TEYTALBAUM, M.D., P.A.



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

5. Name and Address of Current Registered Agent

**JACOBS, RICHARD O
ONE PROGRESS PLACE
200 CENTRAL AVE #1600
ST PETERSBURG, FL 33701**

6. 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 file if applicable)

(NOTE: Registered Agent signature required when selecting)

DATE

**FILE NUMBER FEE IS \$150.00
After May 1, 2006 Fee will be \$250.00**

7. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

ROLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ROLE	
NAME	
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CITY-ST-ZIP	

ROLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 no address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Mar 21, 2006 8:00 am
Secretary of State**

03-21-2006 90041 018 ***158.75

50003859



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3181230	<input type="checkbox"/> Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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IN THIS SPACE**

3-16-06

727-734-6777

Date

Daytime Phone #