

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P9700008831Q**

1. Entity Name  
**GEORGE W. TAUSSIG, D.C., P.A.**



Principal Place of Business  
**163 E LAKE BRANTLY DR  
LONGWOOD, FL 32779 US**

Mailing Address  
**163 E LAKE BRANTLY DR  
LONGWOOD, FL 32779 US**

**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3473219**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TAUSSIG, GEORGE W  
163 E LAKE BRANTLY DR  
LONGWOOD, FL 32779**

**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 signature required when re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>TAUSSIG, GEORGE W. 118 LAUREL OAK DRIVE LONGWOOD, FL 32779</b>
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TITLE <b>VP</b>	<b>TAUSSIG, CAROLYN M. 118 LAUREL OAK DRIVE LONGWOOD, FL 32779</b>
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TITLE <b>NAME</b>	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>NAME</b>	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>NAME</b>	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>NAME</b>	
STREET ADDRESS	
CITY-ST-ZIP	

U000000916518  
05/13/08-80005-005 150.00

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IN THIS SPACE**

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:**

*(Signature of George W. Taussig)*  
**(George W. Taussig)**

**04-21-08 (407) 862-5550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #