


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90036 020 \*\*\*150.00

<b>DOCUMENT # S69524</b> 1. Entity Name <b>HELENA REICHMAN, M.D., P.A.</b>			
Principal Place of Business <b>4600 N HABANA AVE STE 32 TAMPA, FL 33614</b>		Mailing Address <b>4600 N HABANA AVE STE 32 TAMPA, FL 33614</b>	
2. Principal Place of Business <b>4321 N. MacDill Ave</b> Suite, Apt. #, etc. <b>Suite #305</b> City & State <b>Tampa, Florida</b> Zip <b>33607</b>		3. Mailing Address <b>4321 N. MacDill Ave</b> Suite, Apt. #, etc. <b>Suite #305</b> City & State <b>Tampa, Florida</b> Zip <b>33607</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3076233</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>REICHMAN, HELENA 5000 CULBREATH KEY WAY #8-228 TAMPA, FL 33611</b>		7. Name and Address of New Registered Agent Name <b>Reichman, Helena</b> Street Address (P.O. Box Number is Not Acceptable) <b>4207 S. Dale Mabry Hwy</b> <b>#7110</b> City <b>Tampa</b>	
State <b>FL</b>		Zip Code <b>33611</b>	
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 <u><b>Helena Reichman M.D.</b></u> <u><b>HELENA REICHMAN, M.D.</b></u> <u><b>1-17-05</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>REICHMAN, HELENA 5000 CULBREATH KEY WAY # 8-228 TAMPA, FL 33611</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Reichman, Helena 4207 S. Dale Mabry Hwy. #7110 Tampa, Florida 33611</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><b>Helena Reichman M.D.</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>HELENA REICHMAN, M.D.</b>		<u><b>1-17-05</b></u> <u><b>813-817-1502</b></u> <small>Date Daytime Phone #</small>	