

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:06

DOCUMENT # G77608 (9)
1. Corporation Name
ANDREW ASTROVE, M.D., P.A.

Principal Place of Business Mailing Address
6702 S GRANDE DR **6702 S GRANDE DR**
BOCA RATON FL 33433 **BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/05/1984 **04/22/1994**

4. FEI Number Applied For
59-2369149 Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ASTROVE, ANDREW
6702 S GRANDE DR
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature (typed or printed name of registered agent and title of applicant) NOTE: Registered Agent signature required when re-registering DATE

12. OFFICERS AND DIRECTORS
TITLE **PST**
NAME **ASTROVE, ANDREW**
STREET ADDRESS **20937 BAYCOURT #116**
CITY ST. ZIP **N MIAMI BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST. ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST. ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST. ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST. ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST. ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST. ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims not qualify for the exemptions stated in Section 110 (1)(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *Andrew Astrove* 3/25/95 (407) 362-4400
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Title Telephone Number