


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000092323**  
 1. Entity Name  
 ANDY GREEN, M.D., P.A.



Principal Place of Business: 1828 NE 187TH STREET, NORTH MIAMI, FL 33179  
 Mailing Address: 1828 NE 187TH STREET, NORTH MIAMI, FL 33179

**DO NOT WRITE IN THIS SPACE**



04042008 No Chg-P CR2E034 (11/05)  
 4. FEI Number: 20-1255396 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GREEN, ANDY  
 1828 NE 187TH STREET  
 NORTH MIAMI, FL 33179

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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

U00000900238  
 04/23/08-80021-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREEN, ANDY
STREET ADDRESS	1828 NE 187TH STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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: Andy Green DATE: 4/10/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #