

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000092323

**Entity Name:** ANDY GREEN, M.D., P.A.

**Current Principal Place of Business:**

1828 NE 187TH STREET  
NORTH MIAMI, FL 33179

**Current Mailing Address:**

1828 NE 187TH STREET  
NORTH MIAMI, FL 33179

**FEI Number:** 20-1255396

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GREEN, ANDY  
1828 NE 187TH STREET  
NORTH MIAMI, FL 33179 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D  
Name            GREEN, ANDY  
Address        1828 NE 187TH STREET  
City-State-Zip: NORTH MIAMI FL 33179

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GREEN , ANDY

**PRES**

**01/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date