

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 570558 1. Entity Name ANDREW F. BRUNO M.D., P.A.	
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Principal Place of Business 1609 SE THIRD COURT DEERFIELD BEACH, FL 33441	Mailing Address 3940 N.E. 31 AVENUE LIGHTHOUSE POINT, FL 33064 US
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01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1819461	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRUNO, ANDREW F., M.D., P.A. 1609 SE 3RD COURT DEERFIELD BEACH, FL 33441

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNO, ANDREW F., M.D. 3940 N. E. 31ST AVENUE LIGHTHOUSE POINT, FL
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**DO NOT WRITE
IN THIS SPACE**

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: Andrew F. Bruno, MD 1/30/04 954 427-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #