

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 570558

1. Entity Name
ANDREW F. BRUNO M.D., P.A.



Principal Place of Business
**1609 SE THIRD COURT
DEERFIELD BEACH, FL 33441**

Mailing Address
**3940 N.E. 31 AVENUE
LIGHTHOUSE POINT, FL 33064 US**



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1819461

Applied For
Not Applicable

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000287593
04/04/05-80075-023 150.00**

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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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05 954 427-6313
Date Daytime Phone #