

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 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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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BRUNO, ANDREW F., M.D., P.A. 1609 SE 3RD COURT DEERFIELD BEACH, FL 33441



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1819461	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000649421 03/07/07-80048-017 150.00
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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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Andrew F Bruno 2/22/07 954 427-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #