

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 688575

1. Entity Name

ANDREW J. SCOMA M.D., P.A.



Principal Place of Business

1925 MIZELL AVE., #201
WINTER PARK, FL 32792

Mailing Address

1925 MIZELL AVE., #201
WINTER PARK, FL 32792



01242007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2034608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOMA, ANDREW J.
1925 MIZELL AVE., #201
WINTER PARK, FL 32792

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCOMA, ANDREW J.
STREET ADDRESS	1925 MIZELL AVE., #201
CITY-ST-ZIP	WINTER PARK, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/06/07-80064-009 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.J. SCOMA, MD

Date

3/28/07 (407) 628-0448

Daytime Phone #