

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90104 017 ***158.75

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F86784			
1. Entity Name ANDRE RENARD, M.D., P.A.			
Principal Place of Business 2401 UNIVERSITY PARKWAY STE-204 SARASOTA, FL 34243		Mailing Address 2401 UNIVERSITY PARKWAY STE-204 SARASOTA, FL 34243	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2200287		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARREJA, MINDY ESQ 101 E. KENNEDY BLVD., STE. 3000 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-electing) DATE _____			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	P	☐ Delete	
NAME	RENARD, ANDRE J		
STREET ADDRESS	2401 UNIVERSITY PARKWAY STE-204		
CITY-STATE-ZIP	SARASOTA, FL 34243		
TITLE	VST	☐ Delete	
NAME	WHITMORE, CAROL R		
STREET ADDRESS	2401 UNIVERSITY PARKWAY STE-204		
CITY-STATE-ZIP	SARASOTA, FL 34243		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
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			

3/15/08 CM1-780-2302