## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86784

Entity Name: ANDRE RENARD, M.D., P.A.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Principal Place of Business:	New Fillicipal Flace of Business:

2401 UNIVERSITY PARKWAY STE-204 SARASOTA, FL 34243

Current Mailing Address: New Mailing Address:

2401 UNIVERSITY PARKWAY STE-204 SARASOTA, FL 34243

FEI Number: 59-2200287 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARREJA, MINDY ESQ
101 E. KENNEDY BLVD., STE. 3000
TAMPA, FL 33602 US

ELMORE, DOUGLAS J
50 CENTRAL AVENUE, STE 700
SARASOTA, FL 34236 US

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.

SIGNATURE: DOUGLAS J. ELMORE 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PD (X) Change ( ) Addition

Name: RENARD, ANDRE J Name: RENARD, ANDRE J

Address: 2401 UNIVERSITY PARKWAY STE-204 Address: 2401 UNIVERSITY PARKWAY STE-204

City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243

Title: VST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WHITMORE, CAROL R
 Name:

 Address:
 2401 UNIVERSITY PARKWAY STE-204
 Address:

 City-St-Zip:
 SARASOTA, FL 34243
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL R. WHITMORE PD 04/29/2009