

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93299

**FILED**  
**Apr 18, 2005**  
**Secretary of State**

**Entity Name:** ANDREW STACHEWITSCH, M.D, P.A.

**Current Principal Place of Business:**

12302 NORTHEAST 6TH AVENUE  
MIAMI, FL 33161

**New Principal Place of Business:**

800 E. HALLANDALE BEACH BLVD  
SUITE 26  
HALLANDALE BEACH, FL 33009 US

**Current Mailing Address:**

12302 NORTHEAST 6TH AVENUE  
MIAMI, FL 33161

**New Mailing Address:**

800 E. HALLANDALE BEACH BLVD.  
SUITE 26  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 59-2209245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STACHEWITSCH, ANDREW  
12302 NE 6TH AVE.  
N. MIAMI, FL 33161 US

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

STACHEWITSCH, ANDREW  
800 E. HALLANDALE BEACH BLVD.  
SUITE 26  
HALLANDALE BEACH, FL 33009 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:

04/18/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STACHEWITSCH, ANDREW, , MD  
Address: 12302 NORTHEAST 6TH AVE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: STACHEWITSCH, ANDREW, , MD  
Address: 800 E. HALLANDALE BEACH BLVD.  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW STACHEWITSCH, MD

PD

04/18/2005

Electronic Signature of Signing Officer or Director

Date