

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93299

FILED  
Apr 27, 2008  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

**OFFICERS AND DIRECTORS:**

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

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

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**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:** ANDREW STACHEWITSCH MD PA

PD

04/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date