


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-24-2008 90065 047 ***150.00

DOCUMENT # G64064 1. Entity Name ANDRE J. GOLINO, M.D. AND ASSOCIATES, P.A.	
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Principal Place of Business 130 BUTLER STREET WEST PALM BEACH, FL 33407	Mailing Address 130 BUTLER STREET WEST PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2348880	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLINO, AUDRE' 130 BUTLER ST WEST PALM BEACH, FL 33407
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLINO, ANDRE J., M.D. 245 SEMINOLE AVE PALM BEACH, FL 33480
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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: Andre Golino MD Pres 3/12/08 561 832 6113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #