

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G64064

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** ANDRE J. GOLINO, M.D. AND ASSOCIATES, P.A.

**Current Principal Place of Business:**

130 BUTLER STREET  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

130 BUTLER STREET  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 59-2348880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLINO, ANDRE J MD  
130 BUTLER ST  
WEST PALM BEACH, FL 33407 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

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: GOLINO, ANDRE J., M.D.  
Address: 245 SEMINOLE AVE  
City-St-Zip: PALM BEACH, FL 33480

I hereby 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 all other like empowered.

SIGNATURE: ANDRE J GOLINO

MD

04/08/2011

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

\_\_\_\_\_  
Date