

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G77608

**FILED**  
**Mar 08, 2005**  
**Secretary of State**

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

**Current Principal Place of Business:**

6702 S GRANDE DR  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

6702 S GRANDE DR  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 59-2369149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ASTROVE, ANDREW  
6702 S GRANDE DR  
BOCA RATON, FL 33433 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: PST ( ) Delete  
Name: ASTROVE, ANDREW,  
Address: 6702 S GRANDE DRIVE  
City-St-Zip: BOCA RATON, 33 33433

**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 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 ASTROVE

PST

03/08/2005

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

\_\_\_\_\_ Date