

**Pierre André, MD, PA**  
16244 South Military Trail, Suite 325  
Delray Beach, FL 33484

City/State/Zip

Phone #

**47071**

Office Use Only

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUN 21 AM 9:09

**FILED**

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

**100003299211-6**  
-06/21/00--01073-010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in
- Pick up time
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

*47071  
RACH 2/2  
6-21-00*

**Examiner's Initials**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Pierre Andre M.D., P.A.

2. The mailing address of the corporation is: 16244 S. Military Trail  
Delray Beach FL 33484

3. Date of incorporation/qualification: Nov. 23 1988 Document number: K 47071

4. The name and address of the current registered agent and office:  
Natalie Andre  
198 SW 13 Ave  
Boca Raton FL 33486

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
Pierre Andre MD  
16244 S. Military Trail  
Delray Beach FL 33484

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board.

x Pierre Andre MD  
(Signature of an officer, chairman or vice chairman of the board)

June 19, 2000  
(Date)

00 JUN 21 AM 9:09  
FILED  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

Pierre Andre MD, Director  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

x Pierre Andre MD  
(Signature of Registered Agent) June 19, 2000  
(Date)

If signing on behalf of an entity:  
\_\_\_\_\_  
(Typed or Printed Name) (Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*