

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K47071

FILED
Feb 07, 2006
Secretary of State

Entity Name: PIERRE ANDRE, M.D., P.A.

Current Principal Place of Business:

16244 SOUTH MILITARY TRAIL
DELRAY BEACH, FL 33484

New Principal Place of Business:

16244 SOUTH MILITARY TRAIL
STE 450
DELRAY BEACH, FL 33484

Current Mailing Address:

16244 SOUTH MILITARY TRAIL
DELRAY BEACH, FL 33484

New Mailing Address:

16244 SOUTH MILITARY TRAIL
STE 450
DELRAY BEACH, FL 33484

FEI Number: 65-0084982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRE, PIERRE
16244 S. MILITARY TRAIL
SUITE 450
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

ANDRE, PIERRE MD
16244 S. MILITARY TRAIL
SUITE 450
DELRAY BEACH, FL 33484 US

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: PIERRE ANDRE MD.

02/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDRE, PIERRE,
Address: 16244 S. MILITARY TR.
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: ANDRE, PIERRE MD
Address: 16244 S. MILITARY TRAIL STE 450
City-St-Zip: DELRAY BEACH, FL 33484 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PIERRE ANDRE

MD

02/07/2006

Electronic Signature of Signing Officer or Director

Date