


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L96351**

1. Entity Name  
**ANDREW H. KRINSKY, M.D., P.A.**



Principal Place of Business <b>7401 N. UNIVERSITY DR          STE 203          FORT LAUDERDALE, FL 33321</b>	Mailing Address <b>7401 N. UNIVERSITY DR          STE 203          FORT LAUDERDALE, FL 33321</b>
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**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-P CR2EQ34 (11/05)

4. FEI Number <b>65-0212384</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**KRINSKY, ANDREW MD  
 7401 N. UNIVERSITY DR 203  
 FORT LAUDERDALE, FL 33321**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRINSKY, ANDREW H 7401 N. UNIVERSITY DR 203 FORT LAUDERDALE, FL 33321
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 04/27/06-80094-015 150.00

**DO NOT WRITE 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:  1-24-06 954-722-2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Andrew H. Krinsky