

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076004

Entity Name: ANDREW D. CONTI MD PA

FILED  
Feb 29, 2008  
Secretary of State

**Current Principal Place of Business:**

1400 US HIGHWAY 441 N.  
BUILDING 910, STE 912  
THE VILLAGES OF LADY LAKE, FL 32159

**New Principal Place of Business:**

**Current Mailing Address:**

1400 US HIGHWAY 441 N.  
BUILDING 910, STE 912  
THE VILLAGES OF LADY LAKE, FL 32159

**New Mailing Address:**

FEI Number: 59-3662293      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CONTI, ANDREW D MD  
1400 US HWY 441 NORTH, BLDG. 910 STE. 912  
THE VILLAGES OF LADY LAKE, FL 32159 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: CONTI, ANDREW D MD  
Address: 1400 US HWY 441 NORTH, STE. 912  
City-St-Zip: THE VILLAGES OF LADY LAKE, FL 32159

**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 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: ANDREW D. CONTI, M.D.

PST

02/29/2008

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

\_\_\_\_\_ Date