

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000021209

Entity Name: ANDREA WOODS, M.D., P.A.

FILED
Jun 05, 2006
Secretary of State

Current Principal Place of Business:

1099 - 5TH AVE NO
STE 170
ST PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1099 - 5TH AVE NO
STE 170
ST PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3699189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, ANDREA MD
1099 - 5TH AVE NO
STE 170
SAINT PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

WOODS, ANDREA MD
6316 BAHAMA SHORES DRIVE
SAINT PETERSBURG, FL 33705 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: _____

Electronic Signature of Registered Agent

06/05/2006

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WOODS, ANDREA MD
Address: 1099 - 5TH AVE NO
City-St-Zip: ST PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: WOODS, ANDREA MD
Address: P.O. BOX 12438
City-St-Zip: ST PETERSBURG, FL 33733

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: ANDREA WOODS, MD

Electronic Signature of Signing Officer or Director

MD

06/05/2006

Date