

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

06/05/2006

Electronic Signature of Registered Agent

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 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

MD

06/05/2006

Electronic Signature of Signing Officer or Director

Date