


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90023 005 \*\*\*150.00

DOCUMENT # P01000078373		
1. Entity Name ANDREW D. HENRY, MD., P.A.		

Principal Place of Business 9270 BAY PLAZA BLVD STE 620 TAMPA, FL 33619	Mailing Address 9270 BAY PLAZA BLVD STE 620 TAMPA, FL 33619
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2. Principal Place of Business <i>9270 Bay Plaza Blvd.</i>	3. Mailing Address <i>9270 Bay Plaza Blvd.</i>
Suite, Apt. #, etc. <i>Suite 640</i>	Suite, Apt. #, etc. <i>Suite 640</i>

City & State <i>TAMPA, FL.</i>	City & State <i>TAMPA, FL.</i>
Zip <i>33619</i>	Country <i>Hillsborough</i>
Zip <i>33619</i>	Country <i>Hillsborough</i>

6. Name and Address of Current Registered Agent  HENRY, ANDREW D MD 9270 BAY PLAZA BLVD TAMPA, FL 33619	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENRRY, ANDREW D 9270 BAY PLAZA BLVD STE 620 TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Andrew D. Henry* *Resident* 7/6/06 813-676-0234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40098596



07062006 Chg-P CR2E034 (11/05)

4. FEI Number 58-2643256	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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