

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024628

FILED
Apr 20, 2006
Secretary of State

Entity Name: ANDREW HAWRYCH, M.D., P.A.

Current Principal Place of Business:

840 111TH AVENUE NORTH
SUITE 4
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

840 111TH AVENUE NORTH
SUITE 4
NAPLES, FL 34108

New Mailing Address:

451 BAYFRONT PLACE
5305
NAPLES, FL 34102

FEI Number: 02-0568463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWRYCH, ANDREW M.D
840 111TH AVENUE NORTH
SUITE 4
NAPLES, FL 34108 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: D () Delete
Name: HAWRYCH, ANDREW M.D.
Address: 840 111TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34108

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 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 HAWRYCH, M.D.

D

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date