

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004482

Entity Name: ANDREW I. SCHARE, M.D., P.A.

FILED
Mar 15, 2011
Secretary of State

Current Principal Place of Business:

ST. VINCENT'S MEDICAL CENTER
1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1665 SELVA MARINA DR
ATLANTIC BEACH, FL 32233

New Mailing Address:

1668 PARK TERRACE WEST
ATLANTIC BEACH, FL 32233

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHARE, ANDREW I
1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204 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

OFFICERS AND DIRECTORS:

Title: DR
Name: SCHARE, ANDREW I
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

I hereby 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 all other like empowered.

SIGNATURE: ANDREW SCHARE

DR.

03/15/2011

Electronic Signature of Signing Officer or Director

Date