## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000044371

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

FILED Jan 31, 2011 Secretary of State

| Current Principal Place of Business:                         |                                  | New Principal Place of Business:          |                                      |
|--|----------------------------------|---|--------------------------------------|
| 6290 LINTON BOULEVARD  |                                  |   |                                      |
| 201<br>DELRAY BEACH, FL 33                                   | 3484                             |   |                                      |
| Current Mailing Address:                                     |                                  | New Mailing Address:                      |                                      |
| 6290 LINTON BOULEVA  | ARD .                            |   |                                      |
| 201<br>DELRAY BEACH, FL 33                                   | 3484                             |   |                                      |
| FEI Number: 26-0064997                                       | FEI Number Applied For ( )       | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent:                |                                  | Name and Address of New Registered Agent: |                                      |
| DUNAY, GARY S<br>THE PLAZA STE 801 53<br>BOCA RATON, FL 3348 | 355 TOWN CENTER RD<br>36 US      |   |                                      |
| The above named entity in the State of Florida.              | submits this statement for the p | ourpose of changing its registered        | office or registered agent, or both, |
| SIGNATURE:   |                                  |   |                                      |
| Electro  | nic Signature of Registered Age  | ent                                       | Date                                 |
| OFFICERS AND DIREC   | CTORS:                           |   |                                      |
| Title: DR  |                                  |   |                                      |

Title: DR

Name: COLTON, ANDREA
Address: 4270 NW 24TH AVENUE
City-St-Zip: BOCA RATON, FL 33431

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: ANDREA COLTON DR 01/31/2011