

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100980

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

8340 LAKEWOOD RANCH BLVD.,
180
BRADENTON, FL 34202

New Principal Place of Business:

6310 HEALTH PARKWAY
110
BRADENTON, FL 34202

Current Mailing Address:

8340 LAKEWOOD RANCH BLVD.,
180
BRADENTON, FL 34202

New Mailing Address:

6310 HEALTH PARKWAY
110
BRADENTON, FL 34202

FEI Number: 20-0228242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD, & JOHNSO, PA
802 11TH STREET WEST
BRADENTON, FL 34205 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: PRES () Delete
Name: ANDREA KREITHEN MD, PA
Address: 8340 LAKEWOOD RANCH BLVD, STE 180
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ANDREA KREITHEN MD, PA
Address: 6310 HEALTH PARKWAY, SUITE 110
City-St-Zip: BRADENTON, FL 34202

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 KREITHEN

PRES

04/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date