2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000110942

1. Entity Name
ANDREW'S MEDICAL CORPORATION

Principal Place of Business	Mailing Address
410 E 10 CT HIALEAH, FL 33010	410 E 10 CT HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1206628	Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA PAZ, OLGA
640 W 80 ST
HIALEAH, FL 33014

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 1/10/07

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PT
NAME	DE LA PAZ, OLGA
STREET ADDRESS	640 W 80 ST
CITY-ST-ZIP	HIALEAH, FL 33014

TITLE	PT
NAME	DE LA PAZ, ORESTES
STREET ADDRESS	640 W 80 ST
CITY-ST-ZIP	HIALEAH, FL 33014

TITLE	ST
NAME	SANTOS, MARYSOL
STREET ADDRESS	776 W 64 DR
CITY-ST-ZIP	HIALEAH, FL 33012

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/07-80037-015 158.75

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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: _Marysol Santos_ Marysol Santos 1/10/07 (305) 888-3659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #