

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2005 8:00 am
Secretary of State

04-18-2005 90266 026 ***150.00

DOCUMENT # P04000030365 1. Entity Name ANDRE LANDREVILLE, M.D., P.A.					
Principal Place of Business 11924 PASCO TRAILS BOULEVARD SPRING HILL, FL 34610			Mailing Address 11924 PASCO TRAILS BOULEVARD SPRING HILL, FL 34610		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 20-0778596 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				03252005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LANDREVILLE, ANDRE N.D. 11924 PASCO TRAILS BOULEVARD SPRING HILL, FL 34610				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 date if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDREVILLE, ANDRE 11924 PASCO TRAILS BOULEVARD SPRING HILL, FL 34610 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Andre Landreville		PRESIDENT 4/2/05 813-996-4492 Date Daytime Phone #			

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