


2008 FOR PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # P05000067537 1. Entity Name ANDREW M. SCANAMEO, M.D., P.A.	
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Principal Place of Business 1889 PROFESSIONAL PARK CIR - STE 30 TALLAHASSEE, FL 32308	Mailing Address 1889 PROFESSIONAL PARK CIR - STE 30 TALLAHASSEE, FL 32308
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KING, KIMBERLY L 2121-G KILLARNEY WAY TALLAHASSEE, FL 32309
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FILED
2008 MAY -1 AM 10:48
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



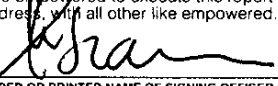
04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3017324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	DO NOT WRITE IN THIS SPACE 500129229495 05/14/08--01004--007 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D SCANAMEO, ANDREW M M.D. 4502 ROCKBRIDGE HOLLOW TALLAHASSEE, FL 32312
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/30/08 <small>Daytime Phone #</small>