

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082966

FILED
Jan 12, 2009
Secretary of State

Entity Name: ANDREW NORKIN D.M.D., M.D., PA

Current Principal Place of Business:

9045 LAFONTANA BLVD.
SUITE B-5
BOCA RATON, FL 33434 US

Current Mailing Address:

33 EAST CAMINO REAL, #208
BOCA RATON, FL 33432

New Principal Place of Business:

33 E. CAMINO REAL
#208
BOCA RATON, FL 33432 US

New Mailing Address:

33 E. CAMINO REAL
#208
BOCA RATON, FL 33432 US

FEI Number: 20-5135937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORKIN, ANDREW
33 E. CAMINO REAL #208
BOCA RATON, FL 33432 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: DR. () Delete
Name: NORKIN, ANDREW DR.
Address: 33 E. CAMINO REAL, APT. 208
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDREW NORKIN

DR.

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date