


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90018 043 ***150.00

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DOCUMENT # P07000030797			
1. Entity Name ANDREW H. SCHULICK, M.D., P.A.			
Principal Place of Business 66 HARBOUR DR. NORTH OCEAN RIDGE, FL 33435		Mailing Address 66 HARBOUR DR. NORTH OCEAN RIDGE, FL 33435	
2. Principal Place of Business - No P.O. Box # 2800 S. Seacrest Blvd Suite, Apt. #, etc. 200		3. Mailing Address 21 Eleuthera Drive Suite, Apt. #, etc.	
City & State Boynton Beach, FL		City & State Ocean Ridge, FL	
Zip 33435	Country USA	Zip 33435	Country USA
6. Name and Address of Current Registered Agent BRENNAN, MANNA & DIAMOND, P.L. 76 S. LAURA ST., STE. 2110, SUNTRUST BLDG. JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name: Curtis Shenkman Street Address (P.O. Box Number is Not Acceptable): DeSantis, Gaskill, Smith & Shenkman 11891 U.S. Highway One, Suite 100 City: North Palm Beach FL Zip Code: 33408-0127	
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: <u>Curtis Shenkman, CURTIS SHENKMAN</u> DATE: <u>3-31-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULICK, ANDREW H. MD 66 HARBOUR DR. NORTH OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21 Eleuthera Drive Ocean Ridge, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Andrew H. Schulick, MD</u>		Date: <u>3/27/08</u> Daytime Phone #: <u>(561) 736-8200</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	