

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030797

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** ANDREW H. SCHULICK, M.D., P.A.

**Current Principal Place of Business:**

2800 S. SEACREST BLVD.  
#200  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

21 ELEUTHERA DRIVE  
OCEAN RIDGE, FL 33435

**New Mailing Address:**

9517 CABLE DRIVE  
KENSINGTON, MD 20895

FEI Number: 20-8612470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHENKMAN, CURTIS  
DESANTIS, GASKILL, SMITH & SHENKMAN  
NORTH PALM BEACH, FL 33408 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SCHULICK, ANDREW H MD  
Address: 9517 CABLE DRIVE  
City-St-Zip: KENSINGTON, MD 20895

I hereby 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 all other like empowered.

SIGNATURE: ANDREW H. SCHULICK

D

01/05/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date