## 1. 1.18. 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**



DOCUMENT # P07000072656  1. Entity Name ANDREA E. CUNNINGHAM, D.M.D., P.A.							20013 020 T	30.00
Principal Place of Business		Mailing Address			400	77246		
620 MALABAR ROAD SE Suite 3		620 MALABAR ROAD SE Suite 3						
PALM BAY, FL 32907 US		PALM BAY, FL 32907 US			1 18911861 171 6		n pain le <b>dië NBIE S</b> inul Pina	Britadi M (88)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	01162008	Chg-P	CR2E034 (12/06	i)
City & State		City & State			4. FEI Number		<del>                                     </del>	Applied For Not Applicable
Zip	Country Zip Co		Coun	try	5. Certificate o	f Status Desired	S8.75 A	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New R	tegistered Agent	
THE TORPY GROUP, P.L.								
202 N. HARBOR CITY BLVD. SUITE 200				Street Address (P.O. Box Number is Not Acceptable)				
MELBOURNE, FL 32935								
				City			FL Zip Co	ode
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 title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution					5.00 May Be			
10.	OFFICERS AND		11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND DIRECTO	
TITLE	PD CUNNINGHAM, ANDREA E D.A	☐ Delete	TITL				☐ Change	e
STREET ADDRESS	RESS 620 MALABAR ROAD SE STE 3		STRE	EET ADDRESS				
CITY-ST-ZIP	PALM BAY, FL 32907			-ST-ZiP				
NAME		☐ Delete	IIILI NAM				☐ Changi	e 🔲 Addition
STREET ADDRESS				EET ADDRESS		•		
CITY-ST-ZIP		☐ Delete	TITL	-ST-ZIP	*****		☐ Change	Addition
NAME			NAM	HE -				
STREET ADDRESS CITY+ST-ZIP				EET ADDRESS '-ST-ZIP				
TITLE		☐ Delete	TITL NAM	Ī			☐ Chang	e 🔲 Addition
NAME STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			CITY	'-ST-ZIP		<del></del> -		
TITLE NAME		☐ Delete	TITL NAN				☐ Chang	e 🗌 Addition
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
THILE NAME		Delete	FITL	ì			☐ Chang	e
STREET ADDRESS			STR	EET ADDRESS				
CITY-ST-ZIP			CITY	(-ST-ZIP				

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 attachmore gith an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321)722 -2688 Daywife Phone •