2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007655

Entity Name: ANDREW PASTEWSKI MD, P.A.

FILED Apr 16, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
|--|---|---|--|--|
| 1500 BAY ROAI | D | | | |
| 834S MIAMI BEACH, | FL 33139 | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| 1500 BAY ROAI 834S MIAMI BEACH, | | | | |
| FEI Number: | FEI Number Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address o | Name and Address of New Registered Agent: | |
| BAKER, RONAI 2655 LEJEUNE 201 CORAL GABLE | | | | |
| The above name in the State of F | ed entity submits this statement for the lorida. | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| _ | Electronic Signature of Registered Ag | ent | Date | |
| Election Campaig | n Financing Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Address: 150 | () Delete STEWSKI, ANDREW 0 BAY ROAD 834S MI BEACH, FL 33139 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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 PASTEWSKI P 04/16/2009