

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000082274

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: ANDREW E. NULLMAN, M.D., P.A.

**Current Principal Place of Business:**

4302 ALTON ROAD  
STE 760  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

2523 REGATTA AVENUE  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number: 65-0452221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRENDA NULLMAN  
2523 REGATTA AVE  
MIAMI BCH, FL 33140 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: D ( ) Delete  
Name: NULLMAN, ANDREW E M.D.  
Address: 4302 ALTON ROAD STE 760  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete  
Name: NULLMAN, BRENDA  
Address: 4302 ALTON ROAD STE 760  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: BRENDA NULLMAN

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04/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date