2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# P97000049146

Entity Name: ANDREW M. RESS AND ASSOCIATES, M.D., P.A.

Current Principal Place of Business:

7284 PALMETTO PARK ROAD
STE 105
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

7284 PALMETTO PARK ROAD
STE 105
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 65-0767516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PONCZEK, GEORGE C.P.A.
6100 GLADES RD
STE 301
BOCA RATON, FL 33434 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RESS, ANDREW M MD
Address: 1700 SANS SOUCI BLVD.
City-St-Zip: MIAMI, FL 33181

Title: D ( ) Delete
Name: RESS, ESTA B
Address: 1000 ISLAND BLVD
City-St-Zip: AVENTURA, FL 33160

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 for the exemption stated in Section 119.07(3)(i), 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 RESS, MD D 05/04/2005

Electronic Signature of Signing Officer or Director Date