

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90042 015 ***150.00

DOCUMENT # P97000080601	
1. Entity Name ANDREW H. ZWICK, M.D., P.A.	

Principal Place of Business 5458 TOWN CENTER ROAD, SUITE 19 BOCA RATON, FL 33486	Mailing Address 5458 TOWN CENTER ROAD, SUITE 19 BOCA RATON, FL 33486
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
02012004	Chg-P
CR2E034 (10/03)	
4. FEI Number 65-0783370	Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
ZWICK, APRIL M ESQ. 2801 UNIVERSITY DRIVE SUITE 203 CORAL SPRINGS, FL 33065	

7. Name and Address of New Registered Agent	
Name	ZWICK APRIL M. ESQ
Street Address (P.O. Box Number is Not Acceptable)	3300 UNIVERSITY DRIVE
Suite #	901
City	Coral Springs
FL	FL
Zip	33065

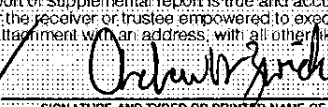
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	ZWICK, ANDREW H.M.D.
STREET ADDRESS	5458 TOWN CENTER ROAD, SUITE 19
CITY- ST- ZIP	BOCA RATON, FL 33486
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 attachment with an address, with all other like empowered.	
SIGNATURE: 	Andrew H. Zwick MD
Date: 2/3/04	Daytime Phone #: 561-395-2424