## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P98000060930

ANDREWS, GROSS, D.O., P.A.

**FILED** Apr 10, 2006 08:00 AM Secretary of State

Principal Place of Business

9555 SEMINOLE BLVD.

SUITE 204 SEMINOLE, FL 33772

Mailing Address

9555 SEMINOLE BLVD

**STE 204** 

SEMINOLE, FL 33772 US



No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3520794

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

GROSS, ANDREW S 9555 SEMINOLE BLVD.

## DO NOT WRITE

SUITE 204 SEMINOLE, FL 33772			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or	registered agent, or both	n, in the State of Florida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title h	applicable (NOTE Registers	d Agerii signalu	a required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			1			
ritle Name Street address City-St-Zip	DP GROSS, ANDREW S 9555 SEMINOLE BLVD, # 204 SEMINOLE, FL 33772					
INTLE HAME STREET ADDRESS CITY-ST-ZIP	_				1100000500201 04/25/06-8000 <b>3</b> -00	7 150.0
ntle Name Sineet address City-St-Zip				DO	NOT WRITE	
TITLE				IN 7	THIS SPACE	

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 attachment with an address, with all other like empowered.

SIGNATURE:

STREET ACCRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CHY-ST-ZP ! TITLE NAME STREET ADDRESS CITY-ST-ZIP

IRE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2006

747-394-6776