

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000065169 1. Entity Name ANDREA N. HASS, M.D., P.A.	
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Principal Place of Business 2401 P.G.A. BLVD, SUITE 150 PALM BEACH GARDENS, FL 33410	Mailing Address 2401 P.G.A. BLVD, SUITE 150 PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HASS, ANDREA N 2401 PCA BLVD. SUITE 150 PALM BEACH GARDENS, FL 33410	DO NOT WRITE IN THIS SPACE
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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 _____

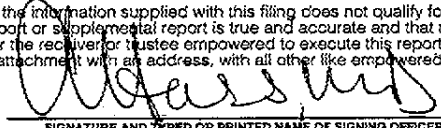
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASS, ANDREA N 2401 P.G.A. BLVD, SUITE 150 PALM BEACH GARDENS, FL 33410
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IN THIS SPACE**

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04/21/04 00023-003 150.00

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #