

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S67255**

**(7)**

1. Corporation Name

**ANDREA D. ITZKOWITZ, M.D., P.A.**

Principal Place of Business

**2143 C STATESVILLE BLVD.  
SUITE 135  
SALISBURY NC 28144  
US**

Mailing Address

**2143 C STATESVILLE BLVD.  
SUITE 135  
SALISBURY NC 28144  
US**

(PRINT NAME IN THIS SPACE)

3. Date of Incorporation or Qualification

**07/18/1991**

3a. Date of Last Report

**05/01/1994**

2. Principal Place of Incorporation

21

2a. Mailing Address

26

4. FID Number

**59-3073240**

Applied For

Not Applicable

22. State of Incorporation

22

27. State of Mailing

27

5. Certificate of Status (Domestic)

**\$8.75 Additional  
Fee Required**

23. State of Mailing

23

28. State of Mailing

28

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

24. State of Mailing

24

29. State of Mailing

29

8. The corporation has liability for obligations (check one)  
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WILSON, WARREN A III  
31608 US HIGHWAY 19 NORTH  
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (For New Registered Agent)

83. City

84. State

**FL**

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am qualified to act as a registered agent for the corporation named herein.

12. Signature

12

**D  
ITZKOWITZ, ANDREA D  
2143-C STATESVILLE BLVD.  
SALISBURY NC 28144**

13. Additional Changes to Officers and Directors

13

14. I, the undersigned, certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am qualified to act as a registered agent for the corporation named herein.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR FIRM OR OFFICE

*Andrea D. Itzkowitz* M.D. P.A. pres 5/15/95  
704. 638-3324