

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 04, 2000 8:00 am**
Secretary of State

02-04-2000 90055 030 ***150.00

DOCUMENT # 600403

1. Entity Name

A.E. ANDERSON JR., M.D., P.A.

Principal Place of Business

Mailing Address

SAN JOSE BLVD.
JACKSONVILLE FL 32217**8602 SAN JOSE BLVD.**
JACKSONVILLE FLA 32217-4205

2. Principal Place of Business

8290 Merganser Drive

3. Mailing Address

8290 Merganser Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

4. FEI Number

59-1215643

Applied For

Not Applicable

Zip

32082-1931

Country

US

Zip

32082-1931

Country

US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****ANDERSON, A E, JR M D**
8602 SAN JOSE BLVD.
JACKSONVILLE, FLORIDA
32217**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

8290 Merganser Drive

City

Ponte Vedra Beach**FL**

Zip Code

32082-1931

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/009. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	☐ Delete
NAME	ANDERSON, A.E.,JR	
STREET ADDRESS	8602 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ Delete
NAME	ANDERSON, A.E.,JR	
STREET ADDRESS	8602 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	8290 Merganser Drive	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082-1931	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	8290 Merganser Drive	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082-1931	
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		

13. 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 11 or Block 12 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 #

1/31/00**904-285-5301**

CR2E034 (9/99)