

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90030 018 ***150.00

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1. Entity Name
A.E. ANDERSON JR., M.D., P.A.



Principal Place of Business
8290 MERGANSER DR
PONTE VEDRA BEACH, FL 32082-1931

Mailing Address
8290 MERGANSER DR
PONTE VEDRA BEACH, FL 32082-1931

94046933



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1215643

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, A E, JR M D
8290 MERGANSER DRIVE
JACKSONVILLE, FLORIDA
PONTE VEDRA BEACH, FL 32082-1931

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ANDERSON, A.E., JR
STREET ADDRESS 8290 MERGANSER DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 320821931

TITLE ST
NAME ANDERSON, A.E., JR
STREET ADDRESS 8290 MERGANSER DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 320821931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

A. E. Anderson, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #