

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90026 003 ***150.00

DOCUMENT # 600403

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

40013000



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1215643

Applied For
Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	
NAME	
STREET ADDRESS	
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 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: A. E. Anderson, Jr., Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08
Date

904 285-5301
Daytime Phone #