

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000029262

**Entity Name:** DR. ANDREW D. SANDS D.C., INC.

**Current Principal Place of Business:**

18205 BISCAYNE BLVD.,  
STE 2214  
AVENTURA, FL 33160

**Current Mailing Address:**

18205 BISCAYNE BLVD.,  
STE 2214  
AVENTURA, FL 33160

**FEI Number:** 20-0805089

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANDS, ANDREW  
18205 BISCAYNE BLVD.  
STE 2214  
AVENTURA, FL 33160 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIR  
Name            SANDS, ANDREW D  
Address        18205 BISCAYNE BLVD STE 2214  
City-State-Zip: AVENTURA FL 33160

Title            DIRECTOR  
Name            SCHWARTZ, STEVEN B  
Address        18205 BISCAYNE BLVD  
                 SUITE 2214  
City-State-Zip: AVENTURA FL 33160

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREW SANDS

**DIR**

**03/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date