

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 557298

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** JOHN W. ANDREWS, P.A.

**Current Principal Place of Business:**

3220 HENDERSON BLVD  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

3220 HENDERSON BLVD  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 59-2287029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDREWS, JOHN W  
3220 HENDERSON BLVD  
TAMPA, FL 33609 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: ANDREWS, JOHN W  
Address: 3220 HENDERSON BLVD  
City-St-Zip: TAMPA, FL 33609

Title: VP  
Name: ANDREWS, J. TROY  
Address: 3220 HENDERSON BLVD  
City-St-Zip: TAMPA, FL 33609

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: JOHN W. ANDREWS

PTSD

04/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date