

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 21, 2002 8:00 am  
Secretary of State

04-21-2002 90913 033 \*\*\*150.00

DOCUMENT # L74644

1. Entity Name

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1853 BEACH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1853 BEACH AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ATLANTIC BEACH, FL

City & State  
ATLANTIC BEACH, FL

4. FEI Number  
59-3011078

Applied For

Not Applicable

Zip  
32233

Country  
DUVAL

Zip  
32233

Country  
US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE  
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7. Name and Address of Current Registered Agent

Name

ANDERSON, KAREN E.

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

1853 BEACH AVENUE

City

ATLANTIC BEACH

FL

Zip Code

32233

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
ANDERSON, KAREN E.  
1853 BEACH AVENUE  
ATLANTIC BEACH, FL 32233

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen E. Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)