

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000014214

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** ANDREW L. SKIGEN, D.M.D., P.A.

**Current Principal Place of Business:**

8708 PERIMETER PARK BLVD., STE. A  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

8708 PERIMETER PARK BLVD., STE. A  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-3628724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKIGEN, ANDREW L  
8708 PERIMETER PARK BLVD., STE. A  
JACKSONVILLE, FL 32216 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: D  
Name: SKIGEN, ANDREW L  
Address: 48708 PERIMETER PARK BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DR  
Name: SKIGEN, CINDY  
Address: 8708 PERIMETER PARK BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

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 SKIGEN

MGMR

04/29/2011

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

\_\_\_\_\_  
Date