2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State DOCUMENT # P0000026266 1. Entity Name ANDREW K. ANDERSON, D.M.D., P.A. 05-03-2001 91135 026 ***150.00 Principal Place of Business Mailing Address 4765 HODGES BLVD., STE. 3 C/O BARRY B. ANSBACHER, P.A. JACKSONVILLE FL 32224 1301 RIVERPLACE BLVD., STE, 2450 JACKSONVILLE FL 32207-9037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3629691 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRY B. ANSBACHER, P.A. Street Address (P.O. Box Number is Not Acceptable) 1301 RIVERPLACE BLVD., STE. 2450 JACKSONVILLE FL 32207-9047 City Zip Code FL 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition □ Delete TITLE ANDERSON, ANDREW K D.M.D. NAME NAME STREET ADDRESS STREET ADDRESS 4765 HODGES BLVD., STE. 3 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ---- Delete TITLE ___ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if

SIGNATURE:

Aroho K. Arohan.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

changed, or on an attachment with an address, with all other like empowered,

April 9, 2001

904-992-4300

Daytime Phone #