


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90304 001 *2,400.00

DOCUMENT # P00000026266 1. Entity Name ANDREW K. ANDERSON, D.M.D., P.A.			
Principal Place of Business 4765 HODGES BLVD., STE. 3 JACKSONVILLE, FL 32224		Mailing Address 670 BARRY B. ANSBACHER, P.A. 1301 RIVERPLACE BLVD., STE. 2450 JACKSONVILLE, FL 32207-9037	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Ansbacher & McKeel, P.A. 8818 Goodbys Executive Drive Jacksonville, Florida 32217	
4. FEI Number 59-3629641		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANSBACHER & MCKEEL, P.A. 1301 RIVERPLACE BLVD., STE. 2450 JACKSONVILLE, FL 32207-9047		Name and Address of New Registered Agent Ansbacher & McKeel, P.A. 8818 Goodbys Executive Drive Jacksonville, Florida 32217 Zip Code	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Andrew K. Anderson</i></u> (NOTE: Registered Agent signature required when reinstating) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ANDREW K D.M.D. 4765 HODGES BLVD., STE. 3 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Andrew K. Anderson</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/4/07</u> Daytime Phone #	