

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040435

**FILED**  
**Feb 15, 2008**  
**Secretary of State**

**Entity Name:** AMY FINE ANDERSON, DMD, P.A.

**Current Principal Place of Business:**

6600 10TH AVE. N.  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

6601 9TH AVENUE NORTH  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

6600 10TH AVE. N.  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

6601 9TH AVENUE NORTH  
ST. PETERSBURG, FL 33710

**FEI Number:** 04-3654289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, AMY FINE  
6600 10TH AVE. N.  
ST. PETERSBURG, FL 33710 US

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

ANDERSON, AMY FINE  
6601 9TH AVENUE NORTH  
ST. PETERSBURG, FL 33710 US

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: \_\_\_\_\_

02/15/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ANDERSON, AMY FINE  
Address: 6600 10TH AVE. N.  
City-St-Zip: ST. PETERSBURG, FL 33710

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ANDERSON, AMY FINE  
Address: 6601 9TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DR. AMY FINE ANDERSOM, DMD, PA

PRES

02/15/2008

Electronic Signature of Signing Officer or Director

Date