


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P02000123152 1. Entity Name DR. SCOTT ANDERSON, INC. |  |
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|---|---|
| Principal Place of Business 720 E. FLETCHER AVENUE SUITE 100 TAMPA, FL 33612 | Mailing Address 720 E. FLETCHER AVENUE SUITE 100 TAMPA, FL 33612 |
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01202004 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. Fee Number 51-0429195 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent ANDERSON, SCOTT DR. 720 E. FLETCHER AVENUE SUITE 100 TAMPA, FL 33612 |
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**DO NOT WRITE
IN THIS SPACE**

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 S. Anderson DATE 1/20/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ANDERSON, SCOTT DR. 720 E. FLETCHER AVENUE SUITE 100 TAMPA, FL 33612 |
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01/28/04-80079-022 150.00

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Anderson DATE 1/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR