

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000128582

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** VERONICA MAUER ANDERSON, PA

**Current Principal Place of Business:**

15306 APPLETON BLVD  
PORT CHARLOTTE, FL 33981 US

**New Principal Place of Business:**

13435 S. MCCALL ROAD  
SUITE 316  
PORT CHARLOTTE, FL 33981 US

**Current Mailing Address:**

15306 APPLETON BLVD  
PORT CHARLOTTE, FL 33981 US

**New Mailing Address:**

13435 S. MCCALL ROAD  
SUITE 316  
PORT CHARLOTTE, FL 33981 US

**FEI Number:** 13-4225327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, VERONICA M  
15306 APPLETON BLVD  
PORT CHARLOTTE, FL 33981 US

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

ANDERSON, VERONICA M  
13425 S. MCCALL ROAD  
SUITE 316  
PORT CHARLOTTE, FL 33981 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:

04/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ANDERSON, VERONICA M  
Address: 13435 S. MCCALL ROAD, SUITE 316  
City-St-Zip: PORT CHARLOTTE, FL 33981

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: VERONICA MAUER ANDERSON

PRES

04/10/2012

Electronic Signature of Signing Officer or Director

Date