2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029262

Entity Name: DR. ANDREW D. SANDS D.C., INC.

FILED May 20, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|-------------------------------------|---------------------------------------|---|--|--|
| STE 2214 | CAYNE BLVD. A, FL 33160 | 1 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| STE 2214 | CAYNE BLVD. A, FL 33160 | , | | | |
| FEI Number: | 20-0805089 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| STE 2214 | NDREW CAYNE BLVD. A, FL 33160 | US | | | |
| | named entity : e of Florida. | submits this statement for the | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electror | ic Signature of Registered Ag | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | SANDS, ANDRI | NE BLVD STE 2214 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: ANDREW D. SANDS DIR 05/20/2009