

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000118462

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** KATHY L ANDERSON DO, P.A.

**Current Principal Place of Business:**

2439 MADRID AVE  
SAFETY HARBOR, FL 33695 US

**New Principal Place of Business:**

510 E. DRUID ROAD, SUITE A  
CLEARWATER, FL 33756 US

**Current Mailing Address:**

510 E DRUID RD SUITE A  
CLEARWATER, FL 33756 US

**New Mailing Address:**

510 E. DRUID ROAD, SUITE A  
CLEARWATER, FL 33756 US

**FEI Number:** 26-1338997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, KATHY L  
510 E DRUID RD  
SUITE A  
CLEARWATER, FL 33756 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ANDERSON, KATHY L DO  
Address: 2439 MADRID AVE  
City-St-Zip: SAFETY HARBOR, FL 33695 US

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: KATHY L. ANDERSON

P

03/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date