

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000063626

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** DR ANDERS, INC.

**Current Principal Place of Business:**

1052 WILLA SPRINGS DRIVE  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1052 WILLA SPRINGS DRIVE  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 30-0574024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERS, DAVID RAY  
1035 LANCELOT WAY  
CASSELBERRY, FL 32707 US

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

ANDERS, DAVID RAY  
1809 N. INDIAN RIVER RD.  
NEW SMYRNA BEACH, FL 32169 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:** DAVID ANDERS

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ANDERS, DAVID RAY  
**Address:** 1809 N. INDIAN RIVER RD.  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32169

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:** DAVID ANDERS

D

04/27/2012

Electronic Signature of Signing Officer or Director

Date