

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000079164

Entity Name: DOC A ANDERSON INC

**FILED**  
**Aug 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15 NW 27TH TER  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

314 NE 27TH ST  
WILTON MANORS, FL 33334 US

**New Mailing Address:**

FEI Number: 27-3594804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDERSON, ADOLPHUS  
15 NW 27TH TER  
FT LAUDERDALE, FL 33311 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: PVST  
Name: ANDERSON, ADOLPHUS  
Address: 15 NW 27TH TER  
City-St-Zip: FT LAUDERDALE, FL 33311 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: ADOLPHUS ANDERSON

P

08/31/2011

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

\_\_\_\_\_  
Date