

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000092083

1. Entity Name

PHILIP H. ANDERSEN, M.D., P.A.



FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATIONS

04 AUG -6 AM 11:57

Principal Place of Business

13801 BRUCE B. DOWNS
506
TAMPA, FL 33613 US

Mailing Address

13801 BRUCE B. DOWNS
506
TAMPA, FL 33613 US

4/28/04 90009 045 \$150.00



06182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3286296

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALISH, WILLIAM
4100 BARNETT PLAZA
101 EAST KENNEDY BLVD.
TAMPA, FL 33602

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ANDERSEN, PHILIP H MD
STREET ADDRESS 13801 BRUCE B. DOWNS BLVD. STE. 506
CITY-ST-ZIP TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/22/04 813
9772200

2092

PHILIP H. ANDERSEN, M.D., F.A.C.S.

GENERAL SURGERY

SUITE 506
13801 BRUCE B. DOWNS BOULEVARD
TAMPA, FLORIDA 33613
(813) 977-2200
FAX (813) 971-7962

06-17-2004

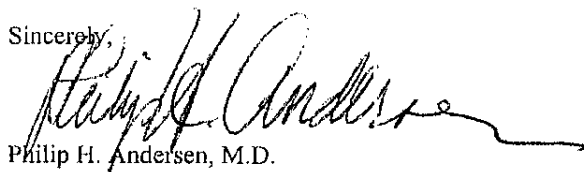
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

RE: 2004 Annual Report
Document#: P94000092083

To Whom It May Concern:

Please find the enclosed 2004 For Profit Corporation Annual Report. This letter is to inform you that we did not receive a reminder notice that this report was due. Upon review of my 2003 UBR forms, we found a web address directing us to our 2004 report. We have determined that we were supposed to have received a reminder postcard that did not arrive. Therefore, we are forwarding our report with a check for the standard fee of \$150.00.

Sincerely,



Philip H. Andersen, M.D.

PHA/cm

Enc.: 2004 Annual Report