
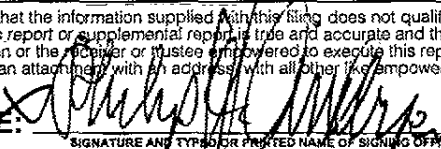


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000092083		
1. Entity Name PHILIP H. ANDERSEN, M.D., P.A.		
Principal Place of Business 13801 BRUCE B. DOWNS 506 TAMPA, FL 33613 US		Mailing Address 13801 BRUCE B. DOWNS 506 TAMPA, FL 33613 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 401 E. JACKSON ST., STE. 1700 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
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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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 officer 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 like empowered.		
SIGNATURE:  Philip H. Andersen, MD 1/19/07 813-977-22		Date Daytime Phone #



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3286296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/29/07-80005-008 150.00