

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000014214

**Entity Name:** ANDREW L. SKIGEN, D.M.D., P.A.

**Current Principal Place of Business:**

8708 PERIMETER PARK BLVD., STE. A  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

8708 PERIMETER PARK BLVD., STE. A  
JACKSONVILLE, FL 32216

**FEI Number:** 59-3628724

**Certificate of Status Desired:** No

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

SKIGEN, ANDREW L  
8708 PERIMETER PARK BLVD., STE. A  
JACKSONVILLE, FL 32216 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            D  
Name            SKIGEN, ANDREW L  
Address        48708 PERIMETER PARK BLVD  
City-State-Zip: JACKSONVILLE FL 32216

Title            DR  
Name            SKIGEN, CINDY  
Address        8708 PERIMETER PARK BLVD  
City-State-Zip: JACKSONVILLE FL 32216

*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:** ANDREW SKIGEN

**PRESIDENT**

**02/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date