

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099424

**FILED**  
**Jul 02, 2007**  
**Secretary of State**

**Entity Name:** ROBERT C. KELSEY, M.D., P.A.

**Current Principal Place of Business:**

201HEALTH PARK BLVD.  
STE 107  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

201 HEALTH PARK BLVD.  
STE 107  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

3891 HICKORY LANE  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 20-1308047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KELSEY, ROBERT C M.D.  
3891 HICKORY LANE  
ST AUGUSTINE, FL 32086 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR ( ) Delete  
Name: KELSEY, ROBERT C M.D.  
Address: 3891 HICKORY LANE  
City-St-Zip: ST AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT C. KELSEY

DR.

07/02/2007

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

\_\_\_\_\_ Date