


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 600385	
1. Entity Name JERRY M. ROBINSON, M.D., P.A.	

Principal Place of Business 301 MEDICAL ARTS CENTER DELTONA, FL 32725	Mailing Address 301 MEDICAL ARTS CENTER DELTONA, FL 32725
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1212826	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBINSON, JERRY M, M D 301 MEDICAL ARTS CENTER DELTONA, FL 32725
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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 reinstating) **DATE:** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME ROBINSON, JERRY M
STREET ADDRESS 301 MEDICAL ARTS CENTER	CITY-ST-ZIP DELTONA, FL 00000,
TITLE ST	NAME ROBINSON, JERRY M
STREET ADDRESS 301 MEDICAL ARTS CENTER	CITY-ST-ZIP DELTONA, FL 00000,
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

1000000733386
01/25/08-80006-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: _____	Jerry M Robinson	1/18/08	386-574-1424
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>