


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 601075			
1. Corporation Name ROBERT H. KELLER MD PA			
Principal Place of Business 31581 US 19 N PALM HARBOR FL 34684 US		Mailing Address 31581 US 19N PALM HARBOR FL 34684 US	
2. Principal Place of Business 21 2511 Appaloosa Trail Suite, Apt. #, etc. 22		2a. Mailing Address 26 2511 Appaloosa Trail Suite, Apt. #, etc. 27	
23 City & State Palm Harbor, FL 24 Zip 34685 25 Country USA		28 City & State Palm Harbor, FL 29 Zip 34685 30 Country USA	
9. Name and Address of Current Registered Agent KELLER, ROBERT H 31581 US 19 N PALM HARBOR FL 34684			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D KELLER, ROBERT H. 31581 US 19 N PALM HARBOR FL	1.1 TITLE	Change Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	2511 Appaloosa Trail
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PT KELLER, ROBERT H. 31581 US 19 N PALM HARBOR FL	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	2511 Appaloosa Trail
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VS KILGORE, WILLIAM, MD 31581 US 19 N PALM HARBOR FL	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	2511 Appaloosa Trail
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D WILKS, HARRY M.D. 31581 US 19 N PALM HARBOR FL	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	2511 Appaloosa Trail
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD SCHWARTZ, JOSEPH 31581 US 19N PALM HARBOR FL	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	2511 Appaloosa Trail
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/99 (927) 782-5131
Date Daytime Phone #

CR2004/11/09/1