

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0546713 AV

03-18-2002 90189 035 ***150.00

DOCUMENT # 601075

1. Entity Name
ROBERT H. KELLER MD PA

Principal Place of Business 2511 APPALOOSA TRAIL PALM HARBOR FL 34685 US	Mailing Address 2511 APPALOOSA TRAIL PALM HARBOR FL 34685 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1264953** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KELLER, ROBERT H
 2511 APPALOOSA TRAIL
 PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, ROBERT H.	
STREET ADDRESS	2511 APPALOOSA TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	PT	<input type="checkbox"/> Delete
NAME	KELLER, ROBERT H.	
STREET ADDRESS	2511 APPALOOSA TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KILGORE, WILLIAM, MD.	
STREET ADDRESS	2511 APPALOOSA TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKS, HARRY M.D.	
STREET ADDRESS	2511 APPALOOSA TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, JOSEPH	
STREET ADDRESS	2511 APPALOOSA TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert H. Keller*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02 (784-5131)
 Date: _____ Daytime Phone # _____

CR2E034 (9/01)