


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Mar 13, 2007 8:00 am
Secretary of State

02-28-2007 90017 003 ***150.00

DOCUMENT # 602158 1. Entity Name ROBERT P WHITTIER MD P.A.		
Principal Place of Business 1879 PROFESSIONAL PK CIRCLE TALLAHASSEE, FL 32308	Mailing Address 1879 PROFESSIONAL PARK CIRCLE TALLAHASSEE, FL 32308	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHITTIER, ROBERT P C 1879 PROFESSIONAL PARK CIRCLE TALLAHASSEE, FL 32308		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WHITTIER, ROBERT P C 1479 GAMBLE RD MONTICELLO, FL 32344	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST WHITTIER, MARTHA H 1479 GAMBLE RD MONTICELLO, FL 32344	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>03/12/07</u> <small>Daytime Phone #</small>

66004934



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2135616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required