


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # 604236		
1. Entity Name ROBERT E. BOYETT M.D. PROFESSIONAL ASSOCIATION		

Principal Place of Business BOYETT, ROBERT E. 9600 S. W. 103RD ST. MIAMI, FL 33176 US	Mailing Address 8955 SW 87TH. COURT SUITE 214 MIAMI, FL 33176
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01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1454417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOYETT, ROBERT E SW 103 STREET MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

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	000000636700 02/26/07-30091-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYETT, ROBERT E 9600 SW 103RD STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOYETT, JUDY Y 9600 SW 103 STREET MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE

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 empowerments.

SIGNATURE: Julie Y. Boyett 2/12/07 305-279-5300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #