

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 605094

FILED
Feb 27, 2008
Secretary of State

Entity Name: DRS. ROBERTS & CARVELL, P.A.

Current Principal Place of Business:

8102 BLANDING BLVD.
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

8102 BLANDING BLVD.
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-1515138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS (DR. B.W.),
Address: 8102 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: ROBERTS, DR B W,
Address: 8102 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: ROBERTS, LYDIA J,
Address: 8102 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARVELL, DR MELANIE,
Address: 8102 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: T (X) Change () Addition
Name: CARVELL, DR MELANIE,
Address: 8102 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: S (X) Change () Addition
Name: CARVELL, DR MELANIE,
Address: 8102 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MELANIE CARVELL

PD

02/27/2008

Electronic Signature of Signing Officer or Director

Date