

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 605094

FILED  
Feb 16, 2010  
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:**

8102 BLANDING BLVD.  
STE 23  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

8102 BLANDING BLVD.  
JACKSONVILLE, FL 32244

**New Mailing Address:**

8102 BLANDING BLVD.  
STE 23  
JACKSONVILLE, FL 32244

FEI Number: 59-1515138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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  
Name: CARVELL, DR MELANIE  
Address: 8102 BLANDING BLVD.  
City-St-Zip: JACKSONVILLE, FL 32244

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

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

I hereby 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 all other like empowered.

SIGNATURE: MELANIE CARVELL

PD

02/16/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date