

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # 671823

1. Entity Name
ROBERT C. WEISS, M.D., P.A.



Principal Place of Business

**700 SE 5TH TERRACE
PO BOX 418
CRYSTAL RIVER, FL 34423 US**

Mailing Address

**700 SE 5TH TERRACE
PO BOX 418
CRYSTAL RIVER, FL 34423 US**



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2009444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WEISS, ROBERT C
700 SE 5TH TERRACE
CRYSTAL RIVER, FL 34429**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000531032
05/06/06-80024-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISS, ROBERT C 700 SE 5TH TERRACE CRYSTAL RIVER, FL 00000,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 empowered.

SIGNATURE:

Robert C. Weiss M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Weiss M.D.

Date

4/13/06

Daytime Phone #

352-220-0134