

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 683749

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** HOWARD N. ROBINSON, M.D., P.A.

**Current Principal Place of Business:**

601 N FLAMINGO RD  
#317  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

3370 NE 190TH ST  
1807  
AVENTURA, FL 33180 US

**Current Mailing Address:**

601 N FLAMINGO RD  
#317  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

3370 NE 190TH ST  
1807  
AVENTURA, FL 33180 US

**FEI Number:** 59-2026920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, HOWARD N.  
601 N FLAMINGO RD  
#317  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

ROBINSON, HOWARD N.  
3370 NE 190TH ST  
#1807  
AVENTURA, FL 33180 US

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: HOWARD N ROBINSON MD

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROBINSON, HOWARD N  
Address: 3370 NE 190TH ST  
City-St-Zip: AVENTURA, FL 33180

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: HOWARD N ROBINSON MD

PD

04/29/2011

Electronic Signature of Signing Officer or Director

Date