2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# 691170

Entity Name: ROBERT N. ROBERTS, II, D.V.M., P.A.

Current Principal Place of Business:

33217 ST. JOE RD
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

33217 ST. JOE RD.
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 59-2114465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, ROBERT N., II
33217 ST. JOE RD.
DADE CITY, FL 33525 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: DR. ROBERT N. ROBERTS II
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: ROBERTS, ROBERT N II
Address: 33217 ST JOE RD
City-St-Zip: DADE CITY, FL 33525

Title: DR ( ) Delete
Name: SARA-LOUISE ROBERTS NEWCOMER
Address: 4105 HOUSTON AVENUE
City-St-Zip: HANFORD, CA 93230

Title: MRS ( ) Delete
Name: LOUISE EDWARDS ROBERTS
Address: 33217 SAINT JOE ROAD
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DR (X) Change ( ) Addition
Name: SARA-LOUISE ROBERTS NEWCOMER
Address: 1267 FELTON LANE
City-St-Zip: AUBURN, AL 36830

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT N. ROBERTS II DR. 10/14/2009
Electronic Signature of Signing Officer or Director Date