

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G10489

FILED  
Apr 21, 2010  
Secretary of State

**Entity Name:** ROBERT ALAN KAST, M.D., P.A.

**Current Principal Place of Business:**

ROBERT ALAN KAST, M.D., P.A.  
21875 CARTAGENA DRIVE  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

ROBERT ALAN KAST, M.D., P.A.  
21875 CARTAGENA DRIVE  
BOCA RATON, FL 33428

**New Mailing Address:**

**FEI Number:** 59-2261333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAST, ROBERT ALAN, M.D., P.A.  
21875 CARTAGENA DRIVE  
BOCA RATON, FL 33428 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: KAST, ROBERT ALAN  
Address: 21875 CARTAGENA DR  
City-St-Zip: BOCA RATON, FL

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:** ROBERT ALAN KAST

PD

04/21/2010

Electronic Signature of Signing Officer or Director

Date