2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H93545 **DOCUMENT#**

1. Entity Name



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90170 013 ***150.00

KEHHY	EDWIN ROBSON, D.D.S., P	'. A .		
Principal Place of Business 3820 TAMPA ROAD SUITE 201 PALM HARBOR FL 34684		Mailing Address 3820 TAMPA ROAD SUITE 201 PALM HARBOR FL 346	34	
2. Principal Place of Business		3. Mailing Address	· · · · · · · · · · · · · · · · · · ·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-2674705 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	 	7. Name and Address of New Registered Agent
			Name	The same of the sa
Robson, Kerry 5035 Cross Pointe Drive			Street Addre	ress (P.O. Box Number is Not Acceptable)
OLDSMA	NR FL 34677			
			City	FL Zip Code
8. The above	e named entity submits this statement for	r the purpose of changing its	s registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept
trie obliga	itions of registered agent.	**		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered Agent signature rec	equired when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department o	j ,		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS ·	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ROBSON, KERRY EDWIN 5035 CROSS POINTE DRIVE OLDSMAR FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	r pat r = y	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Title Name Street Address Čity-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Name Street address City-St-Zip	The Mark of the Control of the	□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	(दूरा ^१ ५५ कुरम तरे के भाग रहे अस्त्र ह	☐ Delete	TITLE NAME	Change Addition
CITY-ST-ZIP	ertify that the information supplied with t	his filing does not qualify for	STREET ADDRESS CITY-ST-ZIP the exemption stated in	n Section 119.07(3)(i). 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: