


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90044 041 ***150.00

DOCUMENT # J34671
 1. Entity Name
ALBERT F. ROBBINS, D.O., P.A.



Principal Place of Business 420 W. HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441	Mailing Address 33 LITTLE HARBOR WAY DEERFIELD BEACH, FL 33441
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DO NOT WRITE IN THIS SPACE

40103084



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2724059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**ROBBINS, ALBERT F.
 33 LITTLE HARBOR WAY
 DEERFIELD BEACH, FL 33441**

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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 reconstituting) DATE

**FILE NOW!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	ROBBINS, ALBERT F
NAME	33 LITTLE HARBOR WAY
STREET ADDRESS	DEERFIELD BEACH, FL 33441
CITY-ST-ZIP	
TITLE D	ROBBINS, ALBERT F.
NAME	33 LITTLE HARBOR WAY
STREET ADDRESS	DEERFIELD BEACH, FL 33441
CITY-ST-ZIP	
TITLE VPST	ROBBINS, VICKIE
NAME	33 LITTLE HARBOR WAY
STREET ADDRESS	DEERFIELD BEACH, FL 33441
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 of 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:  **ALBERT F. ROBBINS** 5/1/07 95421-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #