

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J34671

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** ALBERT F. ROBBINS, D.O., P.A.

**Current Principal Place of Business:**

420 W. HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

33 LITTLE HARBOR WAY  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

PO BOX 818  
DEERFIELD BEACH, FL 33443

**FEI Number:** 59-2724059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBBINS, ALBERT F.  
33 LITTLE HARBOR WAY  
DEERFIELD BEACH, FL 33441 US

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

ROBBINS, ALBERT F.  
2489 NW 64TH STREET  
BOCA RATON, FL 33496 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/21/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBBINS, ALBERT F  
Address: PO BOX 818  
City-St-Zip: DEERFIELD BEACH, FL 33443

Title: D  
Name: ROBBINS, ALBERT F.  
Address: PO BOX 818  
City-St-Zip: DEERFIELD BEACH, FL 33443

Title: VPST  
Name: ROBBINS, VICKIE  
Address: PO BOX 818  
City-St-Zip: DEERFIELD BEACH, FL 33443

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: ALBERT F. ROBBINS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

04/21/2011

\_\_\_\_\_  
Date