

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067463

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: ROBIN RAHM, M.D., P.A.

## Current Principal Place of Business:

4106 W LAKE MCAY BLVD  
STE 213  
LAKE MARY, FL 32746

## New Principal Place of Business:

## Current Mailing Address:

4106 W LAKE MCAY BLVD  
STE 213  
LAKE MARY, FL 32746

## New Mailing Address:

FEI Number: 59-3654810      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RAHM, ROBIN M.D.  
4106 W LAKE MARY ROAD #213  
LAKE MARY, FL 32746

## 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: DPST ( ) Delete  
Name: RAHM, ROBIN M.D.  
Address: 4106 W LAKE MARY BLVD #213  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in 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 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: ROBIN RAHM MD

DPST

04/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date