## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

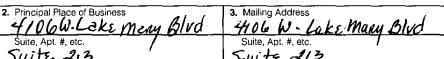
P00000067463

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

Principal Place of Business 400 W MORSE BLVD. STE 210 WINTER PARK FL 32789

Mailing Address 400 W MORSE BLVD. STE 210

WINTER PARK FL 32789



☐ CHECK HERE IF MAKING CHANGES

FILED

Aug 22, 2003 8:00 am Secretary of State

08-22-2003 90105 010 \*\*\*558.75

4. FEI Number 59-3654810

7. Name and Address of New Registered Agent

\$8.75 Additional

Name and Address of Current Registered Agent

RAHM, ROBIN M.D. 400 W MORSE BLVD, STE 210 WINTER PARK FL 32789

Street Address (P.O. Box Number is Not Acceptable)

4106 W. Lake Many

5. Certificate of Status Desired

Applied For

Not Applicable

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 the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition TITLE ☐ Delete RAHM, ROBIN M.D. NAME NAME W. Lake Mony Blud 400 W MORSE BLVD, STE 210 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME \_\_\_ NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 attachmen

SIGNATURE: