

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

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

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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



2. Principal Place of Business

3. Mailing Address

4106 W. Lake Mary Blvd

4106 W. Lake Mary Blvd

Suite, Apt. #, etc.  
Suite 213

Suite, Apt. #, etc.  
Suite 213

City & State

City & State

Lake Mary FL

Lake Mary FL

Zip  
32746

Country  
USA

Zip  
32746

Country  
USA

4. FEI Number 59-3654810

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Rahm, Robin M.D.

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

4106 W. Lake Mary Blvd #213

City Lake Mary

FL

Zip Code 32746

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 *Robin Rahm*

8/15/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE DPST  
NAME RAHM, ROBIN M.D.  
STREET ADDRESS 400 W MORSE BLVD, STE 210  
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

4106 W. Lake Mary Blvd #213  
Lake Mary FL 32746

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 attachment with an address, with all other like empowered.

SIGNATURE:

*Robin Rahm* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/03

Date

407 829-2020

Daytime Phone #

CR2E034 (10/02)