

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015604

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** CHERYL L. ROBERSON, M.D., P.A.

**Current Principal Place of Business:**

14427 BRUCE B. DOWNS BLVD.  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 48555  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 59-3697903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOGGS, JACKSON E  
501 EAST KENNEDY BLVD SUITE 1700  
TAMPA, FL 33602 US

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

KOUADIO, EDOUARD  
18122 COURTNEY BREEZE DR.  
TAMPA, FL 33647 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: EDOUARD KOUADIO

04/30/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROBERSON, CHERYL L  
Address: 18122 COURTNEY BREEZE DRIVE  
City-St-Zip: TAMPA, FL 33647

**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 exemption stated in Chapter 119, 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: CHERYL ROBERSON

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date