

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000015604

FILED
Aug 21, 2003
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:

WATERS, CODY W
501 EAST KENNEDY BLVD SUITE 1700
TAMPA, FL 33602 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CHERYL L. ROBERSON

D

08/21/2003

Electronic Signature of Signing Officer or Director

_____ Date