

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037468

Entity Name: ROBERT EID, M.D., P.A.

FILED
Mar 02, 2008
Secretary of State

Current Principal Place of Business:

5900 COLLEGE RD
LOWER KEYS MEDICAL CENTER
KEY WEST, FL 33040

New Principal Place of Business:

5900 COLLEGE RD
LOWER KEYS MEDICAL CENTER, O.R.
KEY WEST, FL 33040

Current Mailing Address:

PO BOX 2880
KEY WEST, FL 33045

New Mailing Address:

FEI Number: 65-1094952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EID, ROBERT
3514 SUNRISE DR.
KEY WEST, FL 33040 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: DP () Delete
Name: EID, ROBERT M.D
Address: 3514 SUNRISE DR.
City-St-Zip: KEY WEST, FL 33040

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: ROBERT EID

PRES

03/02/2008

Electronic Signature of Signing Officer or Director

Date