

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000052268

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: JEFFREY B. ROBIN, M.D., P.A.

## Current Principal Place of Business:

2019 BRIDGEWATER DRIVE  
HEATHROW, FL 32746

## New Principal Place of Business:

1210 S. INTERNATIONAL PARKWAY  
# 174  
LAKE MARY, FL 32746

## Current Mailing Address:

2019 BRIDGEWATER DRIVE  
HEATHROW, FL 32746

## New Mailing Address:

1210 S. INTERNATIONAL PARKWAY  
#174  
LAKE MARY, FL 32746

FEI Number: 03-0442167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOCTOR, JAMES J  
215 NORTH ELOA DRIVE  
ORLANDO, FL 32801 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: ROBIN, JEFFREY B M.D.  
Address: 2019 BRIDGEWATER DRIVE  
City-St-Zip: HEATHROW, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ROBIN, JEFFREY B M.D.  
Address: 2019 BRIDGEWATER DRIVE  
City-St-Zip: HEATHROW, FL 32746

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: JEFFREY B. ROBIN, MD

PRES

04/29/2003

Electronic Signature of Signing Officer or Director

Date