

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099778

FILED  
Jan 06, 2007  
Secretary of State

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

**Current Principal Place of Business:**

131 E SUNRISE AVENUE  
CORAL GABLES, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

131 E SUNRISE AVENUE  
CORAL GABLES, FL 33133

**New Mailing Address:**

FEI Number: 11-3652987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALHAMBRA REGISTERED AGENTS, INC.  
2 ALHAMBRA PLAZA  
SUITE 1202  
CORAL GABLES, FL 33134 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: BEECHAM, ROBERT MD  
Address: 131 E SUNRISE AVENUE  
City-St-Zip: CORAL GABLES, FL 33133

**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 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 P BEECHAM, MD

D

01/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date