

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000116120

**Entity Name:** DAVID ROBINSON, M.D., P.A.

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1501 PASADENA AVENUE SOUTH  
ST PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 66807  
ST PETE BEACH, FL 33736

**New Mailing Address:**

**FEI Number:** 11-3659295

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TIMMERMAN, J. TODD  
101 EAST KENNEDY BLVD  
SUITE 2800  
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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: ROBINSON, DAVID  
Address: PO BOX 66807  
City-St-Zip: ST PETE BEACH, FL 337366807

Title: VP  
Name: ROBINSON, STACEY J  
Address: PO BOX 66807  
City-St-Zip: ST PETE BEACH, FL 337366807

I hereby 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 all other like empowered.

SIGNATURE: STACEY ROBINSON

VP

04/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date