

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000007368

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** ARLENE WILCOX-ROBINSON, P.A.

**Current Principal Place of Business:**

3630 GARDENS PARKWAY  
APT. 401C  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

1410 DAKOTA DRIVE  
JUPITER, FL 33458

**Current Mailing Address:**

3630 GARDENS PARKWAY  
APT. 401C  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

1410 DAKOTA DRIVE  
JUPITER, FL 33458

**FEI Number:** 20-0593890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, ARLENE  
3630 GARDENS PARKWAY  
PALM BEACH GARDENS, FL 33410 US

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

ROBINSON, ARLENE  
1410 DAKOTA DRIVE  
JUPITER, FL 33458 US

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

04/27/2011

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WILCOX-ROBINSON, ARLENE  
Address: 1410 DAKOTA DRIVE  
City-St-Zip: JUPITER, FL 33458

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: ARLENE ROBINSON

D

04/27/2011

Electronic Signature of Signing Officer or Director

Date