## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000031701

Entity Name: ROBERT A. WEISS MD PA

( ) Delete

WEST PALM BEACH, FL 33401 US

WEISS, MICHELE A

1411 N. FLAGLER #7700

Title:

Name:

Address:

City-St-Zip:

FILED Jan 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1411 N. FLAGLER #7700 WEST PALM BEACH, FL 33401 US **New Mailing Address: Current Mailing Address:** 1411 N. FLAGLER #7700 WEST PALM BEACH, FL 33401 US FEI Number: 16-1692439 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WASS, ROBERT A WEISS, ROBERT A 1411 N. FLAGLER 1411 N. FLAGLER #7700 #7700 WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 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: ROBERT A WEISS 01/08/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS ( ) Delete Title: () Change () Addition WEISS, ROBERT A Name: Name: 1411 N. FLAGLER #7700 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 US City-St-Zip:

Title:

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 A WEISS PRES 01/08/2009

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