

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000099424

**FILED**  
**Aug 21, 2012**  
**Secretary of State**

**Entity Name:** ROBERT C. KELSEY, M.D., P.A.

**Current Principal Place of Business:**

201 HEALTH PARK BLVD.  
STE 107  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

2720 US HIGHWAY 1 SOUTH  
STE B  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

3891 HICKORY LANE  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 20-1308047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELSEY, ROBERT C M.D.  
3891 HICKORY LANE  
ST AUGUSTINE, FL 32086 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: DR  
Name: KELSEY, ROBERT C M.D.  
Address: 3891 HICKORY LANE  
City-St-Zip: ST AUGUSTINE, FL 32086

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: ROBERT KELSEY

DR.

08/21/2012

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

\_\_\_\_\_  
Date