

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90021 048 ***150.00

DOCUMENT # P04000108290			
1. Entity Name ELIZABETH S ROBERSON, MD, P.A.			
Principal Place of Business 4641 GULF STARR DRIVE DESTIN, FL 32541 US		Mailing Address 4641 GULF STARR DRIVE DESTIN, FL 32541 US	
2. Principal Place of Business - No P.O. Box # 4707 Lantana Lane		3. Mailing Address 1408 Grace View Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Destin, FL		City & State Fayetteville, NC	
Zip 32541		Zip 28305	
Country		Country	
4. FEI Number 20-1386671		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, JOHN D 912 SOUTH PALM BLVD SUITE E NICEVILLE, FL 32578		7. Name and Address of New Registered Agent Name: Elizabeth S Roberson Street Address (P.O. Box Number is Not Acceptable): 4707 Lantana Lane City: Destin FL Zip Code: 32541	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 3/28/08 <small>Signature, typed or printed name of registered agent and agent is applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ROBERSON, ELIZABETH S STREET ADDRESS 4707 LANTANA LANE CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME ROBERSON, WALTER G JR STREET ADDRESS 4707 LANTANA LANE CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		DATE: 3/28/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	