2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008
Secretary of State

DOCUMENT# P05000097699

Entity Name: PAMELA ROBERTS, M.D., P.A.

Current Principal Place of Business:

2100 NEBRASKA AVE., STE. 202
FT. PIERCE, FL 34950

New Principal Place of Business:

8204 KIAWAH TRACE
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

2100 NEBRASKA AVE., STE. 202
FT. PIERCE, FL 34950

New Mailing Address:

8204 KIAWAH TRACE
PORT SAINT LUCIE, FL 34986

FEI Number: 20-3158147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, PAMELA MD
2100 NEBRASKA AVE., STE. 202
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

ROBERTS, PAMELA MD
8204 KIAWAH TRACE
PORT SAINT LUCIE, FL 34986 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: PAMELA ROBERTS 08/07/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROBERTS, PAMELA MD
Address: 2100 NEBRASKA AVE., STE. 202
City-St-Zip: FT. PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ROBERTS, PAMELA MD
Address: 8204 KIAWAH TRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: PAMELA ROBERTS MD 08/07/2008
Electronic Signature of Signing Officer or Director Date