

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90025 003 \*\*\*150.00

DOCUMENT # P06000009885

1. Entity Name  
ROBERT T. ROTH, M.D., P.A.



Principal Place of Business  
9409 GREENPOINTE DRIVE  
TAMPA, FL 33626

Mailing Address  
9409 GREENPOINTE DRIVE  
TAMPA, FL 33626

40036377

2. Principal Place of Business (P.O. Box #)  
Suite Apt # etc

3. Mailing Address  
Suite Apt # etc

City & State  
Zip Country

01292007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-4169094

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ROTH, ROBERT T  
9409 GREENPOINTE DRIVE  
TAMPA, FL 33626

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_  
Signature typed in block 6 or 7, whichever is applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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 other empowered person to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report.

SIGNATURE: *Robert T. Roth* President Date: *1/31/07* Daytime Phone #: *813 245-3712*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR