2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000047668

Entity Name: A,ROBAINA,MD,P.A.

City-St-Zip:

FILED Jul 14, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	EEK EDGE DR W, FL 33569	US					
Current M	ailing Address	::	New Maili	New Mailing Address:			
P.O.BOX 2 RIVERVIE	2009 W, FL 3356820	09 US					
FEI Number:	74-3211964	FEI Number Applied For ()	FEI Number Not App	licable ()	Certific	ate of Status Desired ()	
Name and	Address of Cu	Name and	Name and Address of New Registered Agent:				
12325 CRE RIVERVIE	ASHLEY MD EEK EDGE DR W, FL 33569	US ubmits this statement for the p	urpose of changing i	ts register	ed office or	registered agent or both	
	of Florida.	somme the otatoment of the p	arpood or onlying	to regiotor	od omeo or	regiotered agent, or bean,	
SIGNATUR							
	Electroni	c Signature of Registered Age	ent			Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution().	t receive the prior notic	e.			
OFFICERS	S AND DIRECT	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () I ROBAINA, ASHL P.O. BOX 2009 RIVERVIEW, FL		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address:	()	Delete	Title: Name: Address:	VP ROBAINA, P.O. BOX	VIVIAN	(X) Addition	

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: ASHLEY ROBAINA MD P 07/14/2008

RIVERVIEW, FL 335682009