

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000038928

FILED
Mar 28, 2009
Secretary of State

Entity Name: STACEY ROBINSON, M.D., P.A.

Current Principal Place of Business:

2881 E. VINA DEL MAR BLVD.
ST. PETE BCH, FL 33706

New Principal Place of Business:

545 4TH AVENUE SOUTH
A
ST PETERSBURG, FL 33701

Current Mailing Address:

2881 E. VINA DEL MAR BLVD.
ST. PETE BCH, FL 33706

New Mailing Address:

PO BOX 66807
ST. PETE BCH, FL 337366807

FEI Number: 36-4631598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIMMERMAN, J. TODD
101 E. KENNEDY BLVD., SUITE 2800
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBINSON, STACEY
Address: 2881 E. VINA DEL MAR BLVD.
City-St-Zip: ST. PETE BCH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROBINSON, STACEY
Address: PO BOX 66807
City-St-Zip: ST. PETE BCH, FL 337366807

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: STACEY ROBINSON

D

03/28/2009

Electronic Signature of Signing Officer or Director

Date