2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000003298

Address:

City-St-Zip:

Entity Name: ROBERT W. OLDS, M.D., P.A.

301 HEALTH PARK BLVD #106

ST. AUGUSTINE, FL

FILED Mar 01, 2004 Secretary of State

•		, ,			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	TH PARK BLVD				
106 ST. AUGU	JSTINE, FL 32086	US			
Current Mailing Address:			New Mailing Address:		
	TH PARK BLVD				
106 ST. AUGL	JSTINE, FL 32086	US			
FEI Number	: 59-3158183 FI	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Curre	ent Registered Agent:	Name and Address of	New Registered Agent:	
106	IDA A TH PARK BLVD ISTINE, FL 32086	US			
	e named entity subr e of Florida.	nits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic S	ignature of Registered Ag	ent	Date	
Election Car	mpaign Financing Tru	st Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Dele OLDS, ROBERT W I 301 HEALTH PARK ST. AUGUSTINE, FL	MD BLVD #106	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () Dele	ete	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA ANN OLDS T 03/01/2004