## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000003298

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

ST. AUGUSTINE, FL 32086

City-St-Zip:

FILED Mar 19, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	TH PARK BLVD	)			
106 ST. AUGU	STINE, FL 3208	86 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	TH PARK BLVD	)			
106 ST. AUGU	STINE, FL 320	86 US			
FEI Number:	: 59-3158183	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	urrent Registered Agent	:: Name and Address of	New Registered Agent:	
106 ST. AUGU	TH PARK BLVD STINE, FL 320	86 US	the purpose of changing its registered	office or registered agent, or both.	
	e of Florida.			<i>5 5 7 7</i>	
SIGNATUR	RE:				
	Electronic	c Signature of Registered	Agent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ()[ OLDS, ROBERT 301 HEALTH PAF ST. AUGUSTINE,	RK BLVD #106	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address:	T ()[ OLDS, LINDA A 301 HEALTH PAR	Delete RK BLVD #106	Title: ( Name: Address:	) Change ( ) 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: LINDA A. OLDS T 03/19/2008