FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000016817

1. Corporation Name

NANCY L. ROBBIN, M.D., P.A.

Principal Place of Business	Mailing Address
2056 NOLAN DR DUNEDIN FL 34698 US	2056 NOLAN DR DUNEDIN FL 34698 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 03/01/1993		
21	26	4. FEI Number 59-3170530	Applied For	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees	
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
ROBBIN, NANCY L MD 2515 COUNTRYSIDE BLVD SUITE B CLEARWATER FL 33763	81	Name
	82	Street Address (P.O. Box Number is Not Acceptable)
	83	
	84	City FL / 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PSD	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME ROBBIN, NANCY L MD		1.2 NAME		
STREET ADDRESS 2056 NOLAN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP DUNEDIN FL		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS PSD		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy L. Robbin M.D.*   NANCY L. Robbin, M.D. 1/11/99 727-797-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #