


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000091925**

1. Entity Name  
 STEPHEN M. ROBINS, M.D., P.A.



Principal Place of Business  
 3717 BOYNTON BEACH BLVD.  
 BOYNTON BEACH, FL 33436

Mailing Address  
 3717 BOYNTON BEACH BLVD.  
 BOYNTON BEACH, FL 33436

**DO NOT WRITE IN THIS SPACE**



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0542008</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINS, STEPHEN M  
 3717 BOYNTON BEACH BLVD.  
 BOYNTON BEACH, FL 33436

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROBINS, STEPHEN M 3717 BOYNTON BEACH BLVD. BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINS, LENORE D 3717 BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000706479  
 04/24/07-80036-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen M. Robins 4/14/07 561-736-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #