

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000053956****1. Entity Name**
ROBERTA M. KILLEEN, M.D., P.A.**Principal Place of Business**
2520 US HWY 19
HOLIDAY FL 34691**Mailing Address**
2520 US HWY 19
HOLIDAY FL 34691**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3323837**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****KILLEEN, ROBERTA M.D.**
5340 GULF DR., SUITE 105-C
NEW PORT RICHEY FL 34652**7. Name and Address of New Registered Agent****Name** **KILLEEN, ROBERTA M. MD**
Street Address (P.O. Box Number is Not Acceptable) **2520 US Hwy 19**
Holiday, FL 34691
City **FL** **34691****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.****SIGNATURE** *R. Killen*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/1/01
DATE**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	PST	<input type="checkbox"/> Delete
NAME	KILLEEN, ROBERTA M	
STREET ADDRESS	4548 BARSDALE DR.	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** *R. Killen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90004 020 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)