2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000053956

1. Entity Name

ROBERTA M. KILLEEN, M.D., P.A.

Principal Place of Business	Mailing Address
2520 US HWY 19 HOLIDAY FL 34691	2520 US HWY 19 HOLIDAY FL 34691

1st MOORE CR2E034 (10/05)

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	7. Name and Address of New Registered Agent
KILLEEN, ROBERTA M M.D. 2520 US HWY 19 HOLIDAY FL 34691	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

NA Error

SIGNATURE _____ DATE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST KILLEEN, ROBERTA M 4548 BARDSDALE DR. PALM HARBOR FL 34685	☐ Delete		☐ Change ☐ Addition
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03/20/06-80008-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Roberta M Killeen MDPA 3/2/06 727934-6905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #