2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000055654

1. Entity Name
JOEL F. ROBERTS, D.O., P.A.

Principal Place of Business	Mailing Address
7315 HUNT CLUB LN SEMINOLE, FL 33776	7315 HUNT CLUB LN SEMINOLE, FL 33776

DO NOT WRITE IN THIS SPACE

01122008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3455766	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
400 CLEVELAND ST
SUITE 800
CLEARWATER, FL 34615

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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, 2008 Fee will be $550.00

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

U000000840977
03/07/08-80016-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ROBERTS, JOEL F D.O.
STREET ADDRESS	7315 HUNT CLUB LN
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   2/24/08   727 391-5268

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