


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90052 047 ***150.00

DOCUMENT # P98000003928	
1. Entity Name ROBERTS MEDICAL CASE MANAGEMENT, INC.	

Principal Place of Business 15420 LIVINGSTON AVE APT #1508 LUTZ, FL 33559	Mailing Address P.O. BOX 1126 LUTZ, FL 33548-1126
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50013104

2. Principal Place of Business 6953 Frascati Loop	3. Mailing Address P.O. Box 7571
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02072005 Chg-P CR2E034 (10/03)

City & State Wesley Chapel FL	City & State Wesley Chapel FL
Zip 33544	Country USA

4. FEI Number 59-3486444	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHORT, PAUL R 7522 NORTH 40TH ST TAMPA, FL 33604	
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7. Name and Address of New Registered Agent	
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Roberts Doris S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERTS, DORIS S		NAME	
STREET ADDRESS 15420 LIVINGSTON AVE, #1508		STREET ADDRESS 6953 Frascati Loop	
CITY-ST-ZIP LUTZ, FL 33559		CITY-ST-ZIP Wesley Chapel, FL 33544	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Doris S. Roberts / Doris S. Roberts 2-7-05 813-994-8954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #