## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018461

Entity Name: ROBERT REID, JR., M.D., P.A.

FILED Apr 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3435 HAYES STREET 145 JEFFERSON AVENUE HOLLYWOOD, FL 33021

418

MIAMI BEACH, FL 33139

**Current Mailing Address: New Mailing Address:** 

145 JEFFERSON AVENUE #418 3435 HAYES STREET HOLLYWOOD, FL 33021 MIAMI BEACH, FL 33139

FEI Number: 65-0818111 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REID, ROBERT JR. M.D. 145 JEFFERSON AVE. #418 MIAMI BEACH, FL 33139 US

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition REID, ROBERT JR. M.D. REID, ROBERT JR. M.D. Name: Name: 3435 HAYES STREET 145 JEFFERSON AVENUE #418 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: ROBERT REID JR 04/23/2008