

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104520

Entity Name: A. B. ROA MEDICAL CENTER, P.A.

FILED
Sep 12, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 2829
LAKE PLACID, FL 338622829

New Principal Place of Business:

201 US HWY 27 SOUTH
LAKE PLACID, FL 33852

Current Mailing Address:

PO BOX 2829
LAKE PLACID, FL 33862

New Mailing Address:

201 US HWY 27 SOUTH
LAKE PLACID, FL 33852

FEI Number: 65-0884511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROA, ANTONIO B M.D.
201 U.S. HIGHWAY 27 SOUTH
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

ROA, DORIE C R.N.
201 U.S. HIGHWAY 27 SOUTH
LAKE PLACID, FL 33852 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: DORIE ROA

09/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OP () Delete
Name: ROA, ANTONIO B M.D.
Address: 201 U.S. HWY 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: ROA, ANTONIO B M.D.
Address: 201 U.S. HWY 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852 US

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.

SIGNATURE: DORIE ROA

MRS.

09/12/2007

Electronic Signature of Signing Officer or Director

Date