

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096288

Entity Name: ROGERS CAIN, M.D., P.A.

FILED  
Apr 29, 2010  
Secretary of State

## Current Principal Place of Business:

9390 LEM TURNER RD  
ONE  
JACKSONVILLE, FL 32208

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 551260  
JACKSONVILLE, FL 32255

## New Mailing Address:

9390 LEM TURNER RD  
ONE  
JACKSONVILLE, FL 32208

FEI Number: 59-3612977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTS, ROBIN K.  
625 W. UNION STREET 2  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

ROBERTS, ROBIN K.  
9526 ARGYLE FOREST BLVD  
SUITE B2 #135  
JACKSONVILLE, FL 32222 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:

04/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST  
Name: CAIN, ROGERS M.D.  
Address: 9390 LEM TURNER RD # 1  
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: ROGERS CAIN MDPA

PST

04/29/2010

Electronic Signature of Signing Officer or Director

Date