

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F03282

**Entity Name:** ROBERT J. VALINS, D.P.M., P.A.

**Current Principal Place of Business:**

6326 FORT KING RD  
ZEPHYRHILLS, FL 33542

**Current Mailing Address:**

17013 CANDELEDA DE AVILA  
TAMPA, FL 33613 US

**FEI Number:** 59-2035990

**Certificate of Status Desired:** No

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

VALINS, ROBERT J  
6326 FORT KING ROAD  
ZEPHYRHILLS, FL 33542 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

**Officer/Director Detail :**

Title           MANAGING PARTNER  
Name            VALINS, ROBERT DPM  
Address         6326 FORT KING RD  
City-State-Zip: ZEPHYRHILLS FL 33542

Title            AUTHORIZED MEMBER  
Name            AFESLLARI, ENDRI DPM  
Address         6326 FORT KING RD  
City-State-Zip: ZEPHYRHILLS FL 33542

Title            AUTHORIZED MEMBER  
Name            WALSHE, MARIA DPM  
Address         6326 FORT KING RD  
City-State-Zip: ZEPHYRHILLS FL 33542

Title            AUTHORIZED MEMBER  
Name            CALISE, DOMENICK DPM  
Address         6326 FORT KING RD  
City-State-Zip: ZEPHYRHILLS FL 33542

*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:** ROBERT J. VALINS

**MANAGING PARTNER**

**03/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date