

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132680

Entity Name: ROSA H. ROBISON, M.D., D.D.S., P.A.

Current Principal Place of Business:

2131 WESTOVER RESERVE BLVD.
WINDERMERE, FL 34786

Current Mailing Address:

2131 WESTOVER RESERVE BLVD.
WINDERMERE, FL 34786

FEI Number: 20-4146309

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBISON, ROSA HMD DDS
2131 WESTOVER RESERVE BLVD.
WINDERMERE, FL 34786 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 P
Name ROBISON, ROSA HMD, DDS
Address 2131 WESTOVER RESERVE BLVD.
City-State-Zip: WINDERMERE FL 34786

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: ROSA H ROBISON

MEDICAL DIRECTOR

04/19/2013

Electronic Signature of Signing Officer/Director Detail

Date