2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#J31611

1. Entity Name ROBERT E. KAROL, D.M.D, P.A.



FILED Feb 20, 2006 08:00 AM Secretary of State

Principal Place of Business

200 W FORSYTH ST., SUITE 1550 JACKSONVILLE, FL 32202

Mailing Address

200 W FORSYTH ST., SUITE 1550 JACKSONVILLE, FL 32202



DO NOT WRITE IN THIS SPACE

02072006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON 2301 INDEPENDENT SQUARE ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the the obligations of registered agent. 	purpose of changing its registered affice or o	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	il applicable. (NOTE: Registered Agent signature	e required when renesating)	DATE
File NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. □	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECT INTLE DP MAME KAROL, ROBERT E. STREET ADDRESS 200 W FORSYTH ST #1550 CHY-ST-ZP JACKSONVILLE, FL	CTORS -		inannanas 229
TITLE NAME STREET AOGRESS CITY-ST-ZIP			000000441239 03/03/06-80026-024 150.00
NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE HAME STREET ADDRESS CSTY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TISLE MAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this fi	illing does not quality for the exemptions con	nained in Chapter 119	Florida Statutes. I further certify that the information

12. Thereby certify that the information supplied with his filing does not quality for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Robert E. Karol, D.M.D. (904) 356–1010

SIGNATURE: KOTOGUTC KOLO DMD

X 2-10-06

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