

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 10 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091282 (1)

1. Corporation Name

ROBINSON FAMILY CLINIC, P.A.

Principal Place of Business

**4406 S FLORIDA AVE SUITE 30
LAKELAND FL 33813**

Mailing Address

**4406 S FLORIDA AVE SUITE 30
LAKELAND FL 33813**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/19/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3286260

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBINSON, S T
4406 S FLORIDA AVE SUITE 30
LAKELAND FL 33813**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**
NAME **ROBINSON, HAROLD G**
STREET ADDRESS **3917 POLK AVE**
CITY - ST - ZIP **LAKELAND FL 33813**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **PD**
NAME **ROBINSON, S T**
STREET ADDRESS **1895 MAHAFFEY CIRCLE**
CITY - ST - ZIP **LAKELAND FL 33811**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X S. T. Robinson**

S.T. ROBINSON

4/4/95

913-646-5088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER