

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90008 026 ***150.00

DOCUMENT # P94000091282

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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

S. TODD ROBINSON - PRESIDENT

DATE

2/19/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
PD
ROBINSON, S T
STREET ADDRESS
1895 MAHAFFEY CIRCLE S
CITY-ST-ZIP
LAKELAND FL 33813

TITLE ☐ DELETE

NAME
T
SOKOLSKI, THOMAS J.
STREET ADDRESS
111 W CHRISTINA BLVD
CITY-ST-ZIP
LAKELAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

S. Todd Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. TODD ROBINSON

2/19/99

941-646-5088

Date

Daytime Phone #

CR2E034 (11/98)

0430485