

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91323 033 \*\*\*150.00

**DOCUMENT # P94000091282**1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3286260**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ROBINSON, S T  
4406 S FLORIDA AVE SUITE 30  
LAKELAND FL 33813**

Name

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

City

**FL**

Zip Code

8. 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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **VD** ☐ Delete  
NAME **ROBINSON, HAROLD G**  
STREET ADDRESS **3917 POLK AVE**  
CITY-ST-ZIP **LAKELAND FL 33813**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **ROBINSON, S T**  
STREET ADDRESS **509 NESLO LN**  
CITY-ST-ZIP **LAKELAND FL 33813**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☐ Delete  
NAME **SOKOLSKI, THOMAS J.**  
STREET ADDRESS **111 W CHRISTINA BLVD**  
CITY-ST-ZIP **LAKELAND FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**T.J. SOKOLSKI TREASURER****2-25-01**

Date

**863-646-5088**

Daytime Phone #

CR2E034 (10/00)