

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000091282

**Entity Name:** ROBINSON FAMILY CLINIC, P.A.

**Current Principal Place of Business:**

4406 S FLORIDA AVE SUITE 30  
LAKELAND, FL 33813

**Current Mailing Address:**

4406 S FLORIDA AVE SUITE 30  
LAKELAND, FL 33813

**FEI Number:** 59-3286260

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBINSON, S T  
4406 S FLORIDA AVE SUITE 30  
LAKELAND, FL 33813 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           | VD                   | Title           | PD                |
| Name            | ROBINSON, HAROLD G   | Name            | ROBINSON, S T     |
| Address         | 3917 POLK AVE        | Address         | 509 NESLO LN      |
| City-State-Zip: | LAKELAND FL 33813    | City-State-Zip: | LAKELAND FL 33813 |
|                 |                      |                 |                   |
| Title           | T                    |                 |                   |
| Name            | SOKOLSKI, THOMAS J.  |                 |                   |
| Address         | 111 W CHRISTINA BLVD |                 |                   |
| City-State-Zip: | LAKELAND FL          |                 |                   |

*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:** THOMAS J. SOKOLSKI

**TREASURER**

**02/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date