

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S94163

**Entity Name:** ROBERT L. BASHORE, M.D., P.A.

**Current Principal Place of Business:**

280 NORTH SYKES CREEK PARKWAY  
STE A  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

280 NORTH SYKES CREEK PARKWAY  
STE A  
MERRITT ISLAND, FL 32953 US

**FEI Number:** 59-3091770

**Certificate of Status Desired:** No

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

FRESE, GARY B.  
2200 FRONT ST.  
SUITE 301  
MELBOURNE, FL 32901 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           DIRECTOR  
Name           BASHORE, ROBERT L DR.  
Address        280 N. SKYES CREEK PKWY  
City-State-Zip: MERRITT ISLAND FL 32953

*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:** ROBERT L BASHORE

**PRESIDENT**

**02/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date