

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90239 041 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 462763**

1. Corporation Name  
**ROBERT J. PFAFF, M.D., P.A.**

Principal Place of Business  
 1229 LAKELAND HILLS BLVD.  
 LAKELAND FL 33805-4673

Mailing Address  
 1229 LAKELAND HILLS BLVD.  
 LAKELAND FL 33805-4673



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/07/1974**

2. Principal Place of Business  
**21 1547 Lakeland Hills Blvd.**

2a. Mailing Address  
**26 1547 Lakeland Hills Blvd.**

4. FEI Number  
**59-1552665**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
**23 Lakeland, FL**

City & State  
**28 Lakeland, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country  
**24 33805 25**

Zip Country  
**29 33805 30**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

**9. Name and Address of Current Registered Agent**

**PFAFF, ROBERT J.  
 302 MIRAMAR DR.  
 LAKELAND FL**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE  DELETE  
**D**  
 NAME **PFAFF, ROBERT J. M.D.**  
 STREET ADDRESS **302 MIRAMAR DRIVE**  
 CITY-ST-ZIP **LAKELAND FL**

TITLE  DELETE  
**P**  
 NAME **PFAFF, ROBERT J.**  
 STREET ADDRESS **302 MIRAMAR DRIVE**  
 CITY-ST-ZIP **LAKELAND FL**

TITLE  DELETE  
**S**  
 NAME **ROYAL, DAVID S., M.D.**  
 STREET ADDRESS **2112 HAWTHORNE TRAIL**  
 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  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

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

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

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

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

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

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:** *Robert J. Pfaff* **REQUIRED** President

04/16/99

(941) 688-8964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)