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Secretary of State

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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.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

Lakeland, FL

28 City & State

Lakeland, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

33805

29 Zip Country

33805

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

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

TITLE S DELETE
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)