

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 480744 (2)**

1. Corporation Name

**ROBERT D. MARSHALL, M.D., P.A.**



Principal Place of Business

**POST OFFICE BOX 31059  
CHARLESTON SC 29417-1059**

Mailing Address

**POST OFFICE BOX 31059  
CHARLESTON SC 29417-1059**

2. Principal Place of Business

21 **710 S. Brevard St.**

Suite, Apt. #, etc.

22

City & State

23 **Tampa, FL**

Zip

24 **33606**

Country

25 **Hillborough**

2a. Mailing Address

26 **710 S. Brevard St.**

Suite, Apt. #, etc.

27

City & State

28 **Tampa, FL**

Zip

29 **33606**

Country

30 **Hillborough**

9. Name and Address of Current Registered Agent

**HINES, JAMES P  
315 SOUTH HYDE PARK AVE.  
TAMPA FL 33606**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**07/17/1975**

3a. Date of Last Report

**05/17/1995**

4. FEI Number

**57-0676696**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 in permanent ink by the agent or director.

Signature typed in permanent ink by the agent or director.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**

STREET ADDRESS **MARSHALL, ROBERT D M.D.**

CITY-ST-ZIP **P. O. BOX 31059**

**CHARLESTON SC 29417-1059**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

**710 S. Brevard St.  
Tampa, FL 33606**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:**

**Robert D. Marshall, M.D.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/24/96**

**8B-689-4966**  
Liquor Permit #

CR2E034 (12/95)