

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

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 503348

(5)

1. Corporation Name

ROBERT S. SOUD, D.D.S., P.A.

Principal Place of Business

C/O ROBERT S. SOUD
456 UNIVERSITY BLVD NORTH
JACKSONVILLE FL 32211

Mailing Address

C/O ROBERT S. SOUD
456 UNIVERSITY BLVD NORTH
JACKSONVILLE FL 32211-6954

2. Principal Place of Business

21 1541 THE GREENS WAY

Suite, Apt. #, etc.

22 Marsh Landing Business Park

City & State

23 JACKSONVILLE BEACH, FL

Zip

24 32250

Country

25

2a. Mailing Address

26 1541 THE GREENS WAY

Suite, Apt. #, etc.

27 Marsh Landing Business Park

City & State

28 JACKSONVILLE BEACH, FL

Zip

29 32250

Country

30

3. Date Incorporated or Qualified

05/15/1976

3a. Date of Last Report

03/19/1996

4. FEI Number

59-1660331

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SOUD, ROBERT S.
456 UNIV BLVD NORTH
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

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

1541 THE GREENS WAY

83

84 City

JACKSONVILLE BEACH

FL

85 Zip Code

32250

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SOUD, ROBERT S.
STREET ADDRESS 456 UNIV BLVD NORTH
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE SD
NAME SOUD, LINDA M.
STREET ADDRESS 456 UNIV BLVD NORTH
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1541 THE GREENS WAY

1.4 CITY-ST-ZIP

JACKSONVILLE BEACH, FL 32250

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

1541 THE GREENS WAY

2.4 CITY-ST-ZIP

JACKSONVILLE BEACH, FL 32250

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

8000002115598

-03/17/97-01156-017

***165.00

14. I do 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.

SIGNATURE: Y

Robert S. Soud, Pres.

3/7/97

2-17

CR2E034 (9/96)