

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90066 043 \*\*\*158.75

**DOCUMENT # 513812**

1. Entity Name  
ROBERT S. OLLER, D.O., P.A.



Principal Place of Business  
1590 NE 162 STREET  
SUITE 500  
NORTH MIAMI BCH, FL 33162-3102

Mailing Address  
1590 NE 162 STREET  
SUITE 500  
NORTH MIAMI BCH, FL 33162-3102

2. Principal Place of Business  
*152 NE 167 ST*

3. Mailing Address  
*152 NE 167 ST*

Suite, Apt. #, etc.

*UNIT 102*

Suite, Apt. # etc.

*UNIT 102*



01232006

Chg-P

CR2E034 (11/05)

City & State  
*NORTH MIAMI BEACH, FL*

City & State  
*NORTH MIAMI BEACH, FL*

4. FEI Number  
59-1695336

Applied For  
Not Applicable

Zip  
*33162*

Country  
*USA*

Zip  
*33162*

Country  
*USA*

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

JACOBSEN, PAUL E  
1590 NE 162ND DRIVE  
SUITE 500  
NORTH MIAMI BCH, FL 33162

## 7. Name and Address of New Registered Agent

Name

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

*152 NE 167 ST*

*UNIT 102*

City *NORTH MIAMI BEACH*

FL

Zip Code

*33162*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME JACOBSEN, PAUL D  
STREET ADDRESS 1590 N.E. 162 STREET SUITE 500  
CITY-ST-ZIP MIAMI, FL 33162

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME JACOBSEN, PAUL E.  
STREET ADDRESS 152 N.E. 167 ST. Ste 102  
CITY-ST-ZIP No. Miami Beach, FL

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/10/06* *38945843*