

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90046 032 ***150.00

0069110 AV

DOCUMENT # 515312

1. Entity Name

ROBERT L. LIKENS, M.D., P.A.

Principal Place of Business

**515 EAST HIGHWAY 436
 SUITE A
 CASSELBERRY FL 32707**

Mailing Address

**515 EAST HIGHWAY 436
 SUITE A
 CASSELBERRY FL 32707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1686572

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIKENS, ROBERT L. (M.D.)
 515 EAST HIGHWAY 436
 CASSELBERRY FL 32707**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIKENS, ROBERT L.	
STREET ADDRESS	515 E. HIGHWAY 436	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LIKENS, ROBERT L.	
STREET ADDRESS	515 E. HIGHWAY 436	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, RICHARD R.	
STREET ADDRESS	2850 CAROLYN STREET	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-16-02** Daytime Phone #: **407-831-3456**

CR2E034 (9/01)