


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90027 018 \*\*\*150.00

**DOCUMENT # 515312**  
 1. Entity Name  
**ROBERT L. LIKENS, M.D., P.A.**



Principal Place of Business      Mailing Address  
**515 EAST HIGHWAY 436**      **515 EAST HIGHWAY 436**  
**SUITE A**      **SUITE A**  
**CASSELBERRY FL 32707**      **CASSELBERRY FL 32707**

2. Principal Place of Business      3. Mailing Address  
*515 State Rd 436*      *515 State Road 436*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Suite 1000*      *Suite A*

City & State      City & State  
*Casselberry FL*      *Casselberry FL*

Zip      Country      Zip      Country  
*32707*      *USA*      *32707*      *USA*



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For  
**59-1686572**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LIKENS, ROBERT L. (M.D.)**  
~~**515 EAST HIGHWAY 436**~~  
~~**CASSELBERRY FL 32707**~~

7. Name and Address of New Registered Agent  
 Name      *same*  
 Street Address (P.O. Box Number is Not Acceptable)  
*515 State Road 436*  
*Suite 1000*  
 City      *same*      **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| 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 | 2650 CAROLYN STREET |                                 |
| CITY-ST-ZIP    | DELTONA FL 32738    |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *RL Likens*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: *1/27/04*      Daytime Phone #: *407 831-3456*