

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 01, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business: 515 STATE RD 436, SUITE 1000, CASSELBERRY, FL 32707  
 Mailing Address: 515 STATE RD 436, SUITE # 1000, CASSELBERRY, FL 32707



06282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-1686572 Applied For: 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 STATE RD 436  
 STE 1000  
 CASSELBERRY, FL 32707

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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 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIKENS, ROBERT L.
STREET ADDRESS	515 E. HIGHWAY 436
CITY-ST-ZIP	CASSELBERRY FL,
TITLE	T
NAME	LIKENS, ROBERT L.
STREET ADDRESS	515 E. HIGHWAY 436
CITY-ST-ZIP	CASSELBERRY FL,
TITLE	D
NAME	HAYES, RICHARD R.
STREET ADDRESS	2650 CAROLYN STREET
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 6/28/05 407-831-3456 Daytime Phone #