2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 515312

1. Entity Name
ROBERT L. LIKENS, M.D., P.A.

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

DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000387174
01/19/06-80028-009 150.00

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	
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-11-06 4078313456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #