


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 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 **515 STATE RD 436**
SUITE 1000 **SUITE 1000**
CASSELBERRY FL 32707 **CASSELBERRY FL 32707**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent
LIKENS, ROBERT L. (M.D.)
515 STATE RD 436
STE 1000
CASSELBERRY FL 32707

4. FEI Number Applied For
59-1686572 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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. 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 transferring)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIKENS, ROBERT L.		NAME		
STREET ADDRESS	515 E. HIGHWAY 436		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		CITY-ST-ZIP	U00000920143 05/14/08-80031-025 150.00	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIKENS, ROBERT L.		NAME		
STREET ADDRESS	515 E. HIGHWAY 436		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, RICHARD R.		NAME		
STREET ADDRESS	2650 CAROLYN STREET		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32738		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2/20/08** **407 931 3456**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #