

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:34

DOCUMENT # 532186 (4)

1. Corporation Name

ROBERT O. POHL, M.D., P.A.

Principal Place of Business

3627 UNIVERSITY BLVD. S.
JACKSONVILLE FL 32218-7427

Mailing Address

12755 MURFIELD BLVD. N.
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/01/1977	3a. Date of Last Report 04/05/1994
4. FEI Number 59-1734171	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 6100 KENNEDY ROAD	26 2395 OCEAN BREEZE COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 JACKSONVILLE, FL	28 ATLANTIC BEACH, FL
Zip	Zip
24 32216	29 32237
Country	Country
25	30

9. Name and Address of Current Registered Agent

POHL, ROBERT O., MD
4174 LEEWARD POINT DR
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name POHL, ROBERT O. MD
82 Street Address (P.O. Box Number is Not Acceptable) 2395 OCEAN BREEZE COURT
83
84 City JACKSONVILLE
85 Zip Code 32237

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	POHL, ROBERT O. M.D.
STREET ADDRESS	6627 UNIVERSITY BLVD 555
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	☒ Change ☐ Addition
1.2 NAME	POHL, ROBERT O. M.D.	
1.3 STREET ADDRESS	6100 KENNEDY ROAD	
1.4 CITY - ST - ZIP	JACKSONVILLE, FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, Change 1, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/95

94-739-0037