

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90036 024 ***150.00

DOCUMENT # 532186

1. Entity Name

Robert O. Pohl, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6100 Kennerly Road
Suite, Apt. #, etc.

3. Mailing Address

2395 Ocean Breeze Court
Suite, Apt. #, etc.

80058328

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Atlantic Beach FL

4. FEI Number

59-1734171

Applied For

Not Applicable

Zip

32216

Country

US

Zip

32233

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Pohl, Robert O., M.D.

Street Address (P.O. Box Number is Not Acceptable)

2395 Ocean Breeze Court

City

Atlantic Beach

FL

Zip Code

32233

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Pohl, Robert O., M.D.
6100 Kennerly Road
Jacksonville FL 32216

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

Robert O. Pohl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

904-139-0037

Date

Daytime Phone #

CR2E034B (12/01)