• · 2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 532186

1. Entity Name
ROBERT O. POHL, M.D., P.A.

Principal Place of Business	Mailing Address
6100 KENNERLY ROAD JACKSONVILLE, FL 32216 US	2395 OCEAN BREEZE COURT ATLANTIC BEACH, FL 32233 US

DO NOT WRITE IN THIS SPACE

01222004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1734171	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POHL, ROBERT O., MD
2395 OCEAN BREEZE COURT
ATLANTIC BEACH, FL 32233

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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_____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	POHL, ROBERT O. M.D.
STREET ADDRESS	6100 KENNERLY ROAD
CITY-ST-ZIP	JACKSONVILLE FL.

TITLE	
NAME	
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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)(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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ Robert O. Pohl, MD _____ 3/24/04 _____ 904-246-7830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #