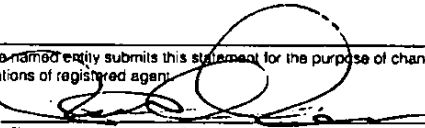
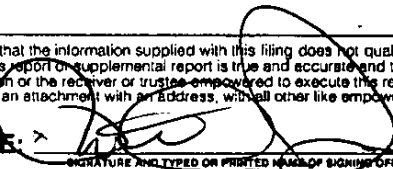


FILED
Jul 25, 2006 8:00 am
Secretary of State

05-30-2006 90041 001 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 532186 1. Entity Name ROBERT O. POHL, M.D., P.A.			
Principal Place of Business 6100 KENNERLY ROAD JACKSONVILLE, FL 32216 US		Mailing Address 2395 OCEAN BREEZE COURT ATLANTIC BEACH, FL 32233 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent POHL, ROBERT O., MD 2395 OCEAN BREEZE COURT ATLANTIC BEACH, FL 32233		DO NOT WRITE IN THIS SPACE	
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  (NOTE: Registered Agent signature required when reappointing) DATE 4/23/06			
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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD POHL, ROBERT O. M.D. 6100 KENNERLY ROAD 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
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 if changed, or on an attachment with an address, without other like empowered. SIGNATURE:  7/20/06 904-739-0037 Date Daytime Phone #			