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Feb 20, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 539398

1. Corporation Name

ROBERT H. JENKINS, M.D., P.A.

Principal Place of Business

2642 70TH AVE SO
ST. PETERSBURG FL 33712

Mailing Address

2642 70TH AVE SO
ST. PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1977

4. FEI Number

59-1752220

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite; Apt. #, etc.

26 Suite; Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

JENKINS, ROBERT H.
2642 70 AVE., SO.
ST. PETERSBURG, FLORIDA E 33712

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JENKINS, ROBERT H.
STREET ADDRESS 2642 70 AVE., SO.
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE ST
NAME JENKINS, ROBERT H
STREET ADDRESS 2642 70 AVE., SO.
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not indicate on this annual report or supplemental annual report is true officer or director of the corporation or the receiver or trustee emp. Block 12 or Block 13 if changed, or on an attachment with an add.

Robert H. Jenkins, M.D., P.A.
2642 70th Avenue South
St. Petersburg, FL 33712

119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)