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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 601618 (2)  
1. Corporation Name  
ROBERT F UIBLE, D.D.S. PROFESSIONAL ASSOCIATION

Principal Place of Business  
3457 HENDRICKS AVENUE  
JACKSONVILLE FL 32207

Mailing Address  
3457 HENDRICKS AVENUE  
JACKSONVILLE FL 32207-5307



3. Date Incorporated or Qualified 10/29/1969  
3a. Date of Last Report 02/13/1996

4. FEI Number 59-1275122  
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  
21 4294 PT La Vista Rd W.  
Suite, Apt. #, etc.

22 City & State Jacksonville Florida

23 Zip 32207 Country

24 32207 25 32207 30 32207

2a. Mailing Address  
25 4294 PT La Vista Rd W.  
Suite, Apt. #, etc.

27 City & State Jacksonville Florida

28 Zip 32207 Country

29 32207 30 32207

9. Name and Address of Current Registered Agent

UIBLE, ROBERT F  
3457 HENDRICKS AVE  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name Uible, Robert F.  
82 Street Address (P.O. Box Number is Not Acceptable) 4294 PT La Vista Rd W.  
83  
84 City Jacksonville FL 85 Zip Code 32207

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 of principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS  
NAME UIBLE, ROBERT F  
STREET ADDRESS 3457 HENDRICKS AVE  
CITY - ST - ZIP JACKSONVILLE FL

TITLE 1  
NAME UIBLE, ROBERT F.  
STREET ADDRESS 3457 HENDRICKS AVE  
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 PDS  
1.2 NAME Uible Robert F.  
1.3 STREET ADDRESS 4294 PT La Vista Rd W.  
1.4 CITY - ST - ZIP Jacksonville FL 32207

2.1 TITLE T  
2.2 NAME Uible Robert F.  
2.3 STREET ADDRESS 4294 PT La Vista Rd W.  
2.4 CITY - ST - ZIP Jacksonville FL 32207

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert F. Uible Robert F. Uible

2-7-97 904 396 0423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)