

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 603558 (8)

1. Corporation Name

ARDUINO, LANKFORD & GRABLE, M.D., P.A.



Principal Place of Business

200 EAST RICH AVENUE
DELAND FL 32724

SUITE 4

Mailing Address

200 EAST RICH AVENUE
DELAND FL 32724

SUITE 4

3. Date Incorporated or Qualified

06/08/1972

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

21 685 Peachwood DR

Suite, Apt. #, etc.

2a. Mailing Address

26 685 Peachwood Dr

Suite, Apt. #, etc.

4. FEI Number

59-1411067

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

22

City & State

23 Deland FL

24

Zip

32720

Country

25 USA

27

City & State

28 Deland FL

29

Zip

32720

Country

30 USA

9. Name and Address of Current Registered Agent

LANKFORD, ROBERT
200 EAST RICH AVENUE
DELAND FL 32724

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 any, as follows:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

SD
NAME GRABLE, MICHAEL S.
STREET ADDRESS 200 EAST RICH AVE
CITY-ST-ZIP DELAND FL

TITLE ☐ DELETE

PD
NAME LANKFORD, ROBERT W
STREET ADDRESS 200 EAST RICH AVE
CITY-ST-ZIP DELAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 685 Peachwood Dr
1.4 CITY-ST-ZIP Deland, FL 32720

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 685 Peachwood Dr
2.4 CITY-ST-ZIP Deland, FL 32720

☐ 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
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 holder 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-92

904-781-3413

CR2E034 (12/95)