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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 604720

(3)

1. Corporation Name ROBERT C. EISSMAN, M.D., P.A. Principal Place of Business Mailing Address 4710 S. FLORIDA AVE. B SUITE 1654 BLUE HERON LA LAKELAND FL 33813										
LAKELAND F	L 33813				3. Date Incom	orated or Qualified	4	e of Last Re	•	
					10/01/1	973	0	<u>4/04/199</u>		
¬ '	ace of Business	2a. Mailing Address			4. FEI Numbei	1500			Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-14 6 5. Certificate of	f Status Desired		\$8.75	Additional	
22		27							Required	
City & State	е	City & State			6. Election Ca Trust Fund	mpaign Financing Contribution			May Be I to Fees	
Zip	Country 25	Zip 29	Cour	itry	8. This corpor Florida Stat	ation has liability for	intangible t	ax under s	199.032,	
24	9. Name and Address of Currer		[30]			Address of New F		Agent	., <u>.</u>	
	As months with the state of the second			81 Name	***		_			
EISSMA	N, ROBERT C			B2 Street A	2 Street Address (P.O. Box Number is Not Acceptable)					
1654 BLUE HERON LA									<u>-</u> .	
LAKELA	ND, FL			B3						
33813			ŀ	84 City			FL	85 Zip	Code	
		tion 607.0505, Florida Statutes.			poard of directors. The		50	•		
SIGNATURE.	Signature, typed or printeo name of registered agent				quirad when reinstating)	CHANGES TO OF	DATE			
SIGNATURE.	Signature, typed or printeo name of registered agent	t and title if applicable (NO	TE: Registered a	Agont signatura rec	quirad when reinstating)		DATE FICERS AN			
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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 receives 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: _

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2 14-96 941 647 5333