

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Shirley B. Meynors

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 623873 (7)

1. Corporation Name

RICHARD M. STROMBERG, M.D., P.A.



Principal Place of Business

13816 MANDARIN ROAD
JACKSONVILLE FL 32223

Mailing Address

13816 MANDARIN ROAD
JACKSONVILLE FL 32223

2. Principal Place of Business

2a. Mailing Address

21

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State Apt. #, etc.

State Apt. #, etc.

22

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City & State

City & State

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28

Zip

Country

Zip

Country

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29

9. Name and Address of Current Registered Agent

ASBURY, LLOYD T.
SUITE 100, 214 N. CLAY STREET
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

06/05/1979

3a. Date of Last Report

03/27/1995

4. FEI Number

59-1913128

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

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 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's)

Signature of Registered Agent (if not the same as the corporation's)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. TITLE
13. NAME
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96. TITLE
97. NAME
98. STREET ADDRESS
99. CITY, ST, ZIP
100. TITLE

PD
STROMBERG, RICHARD M., MD
13816 MANDARIN ROAD
JACKSONVILLE FL
ST
STROMBERG, GEORGINA D.
13816 MANDARIN ROAD
JACKSONVILLE FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
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97. TITLE
98. NAME
99. STREET ADDRESS
100. 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 receiver or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed I or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96

9042680484

CR2E034 (12/95)