

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 # 638157 (8)

1. Corporation Name

ROBERT D. SNYDER, M.D., P.A.

Principal Place of Business

1511 SURGEONS DRIVE, STE. B  
TALLAHASSEE FL 32308

Mailing Address

1511 SURGEONS DRIVE, STE. B  
TALLAHASSEE FL 32308



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GREEN, CARLA, A  
227 S CALHOUN ST  
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified  
10/01/1979

3a. Date of Last Report  
03/16/1995

4. FET Number  
59-1937118

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

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 fee (if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME: PD  
STREET ADDRESS: SNYDER, DR. ROBERT D.  
CITY-STATE-ZIP: 411 SHANTILLY TERRACE  
TALLAHASSEE FL

2. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

3. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

4. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

5. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

6. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

7. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

5. 5. TITLE

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY-STATE-ZIP

9. 9. TITLE

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY-STATE-ZIP

13. 13. TITLE

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY-STATE-ZIP

17. 17. TITLE

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY-STATE-ZIP

21. 21. TITLE

22. 22. NAME

23. 23. STREET ADDRESS

24. 24. CITY-STATE-ZIP

25. 25. TITLE

26. 26. NAME

27. 27. STREET ADDRESS

28. 28. CITY-STATE-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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

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