

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F07842 (0)

1. Corporation Name

ROBERT W. SNARE M.D., P.A.

Principal Place of Business

815 S. HWY 77
CHIPLEY FL 32428
US

Mailing Address

P. O. DRAWER A
CHIPLEY FL 32428
US



2. Principal Place of Business
21 Robert Snare MD PA
22 1187 main street 93
23 Chipley, Fla
24 32428
25 Washington
26 Robert Snare MD PA
27 P.O. Drawer A
28 Chipley Fla
29 32428
30 Washington

3. Date Incorporated or Qualified 12/04/1980
3a. Date of Last Report 03/02/1995
4. FEI Number 59-2113934
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

SNARE, ROBERT W
815 HIGHWAY 77 S
CHIPLEY FL FL

81 Name SNARE, Robert W
82 Street Address (P.O. Box Number is Not Acceptable) 1187 main street Ste #3
83 P.O. Drawer A
84 City Chipley FL 85 Zip Code 32428

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Mr. Snare

4/10/96

12. OFFICERS AND DIRECTORS
1. TITLE PD
NAME SNARE, ROBERT W
STREET ADDRESS 815 HWY 77 SOUTH
CITY, ST, ZIP CHIPLEY FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE PD
NAME SNARE, Robert W
STREET ADDRESS 1187 main St. Ste #3--P.O. Drawer A
CITY, ST, ZIP Chipley, Fla 32428
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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)(g), Florida Statutes. I further certify that the information included 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 checked, or on an attachment with an address.

SIGNATURE:

Mr. Snare R.W. SNARE MD

4/10/96 904-638-4233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)