

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F84610

1. Corporation Name

ROBERT C. BROWN, JR., M.D. P.A.

Principal Place of Business

**4519 BRENTWOOD AVENUE
JACKSONVILLE FL 32206**

Mailing Address

**4519 BRENTWOOD AVENUE
JACKSONVILLE FL 32206**

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90136 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1982

4. FEI Number

59-2200650

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1605 Tayo Lane

2a. Mailing Address

26 1605 Tayo Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jacksonville, Florida

City & State

28 Jacksonville, Florida

Zip

24 32223

Country

25 USA

Zip

29 32223

Country

30 USA

9. Name and Address of Current Registered Agent

WOLF, WAYNE A.

**3733 UNIVERSITY BLVD. WEST, SUITE 106
JACKSONVILLE FL 32217**

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DPT
NAME BROWN, ROBERT C MD
STREET ADDRESS 4519 BRENTWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL**

TITLE ☐ DELETE

**S
NAME BROWN, RAQUEL L
STREET ADDRESS 4519 BRENTWOOD AVE
CITY-ST-ZIP JACKSONVILLE 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

1.1 TITLE ☐ Change ☐ Addition

**1.2 NAME Brown, Robert C. MD
1.3 STREET ADDRESS 1605 Tayo Lane
1.4 CITY-ST-ZIP Jacksonville, FL 32223**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME Brown, Raquel L
2.3 STREET ADDRESS 1605 Tayo Lane
2.4 CITY-ST-ZIP Jacksonville, FL 32223**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert C. Brown, Jr., M.D. P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-1999

Date

Daytime Phone #

CR2E034 (11/98)