

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F96707

(7)

1. Corporation Name

ROBIN SCHWARTZ, D.P.M. P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:14

Principal Place of Business

Mailing Address

720 WEST BUFFALO AVENUE
TAMPA FL 33603

720 WEST BUFFALO AVENUE
TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1982

3a. Date of Last Report

12/21/1994

4. FEI Number

59-2206053

Applied For

Not Applicable

5. Certificate of Status Desired

\$6.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

6. This corporation has liability, for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 720 WEST M.L.KING BLVD

26 720 WEST M.L.KING BLVD

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite #1

27 Suite #1

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

Zip

County

Zip

County

24 33603

25 HILLSBOROUGH

29 33603

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, ROBIN
720 W. BUFFALO AVENUE
TAMPA FL 33603

81 Name

SCHWARTZ, ROBIN

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

720 WEST M.L.KING BLVD

83

84

City TAMPA

FL

85 Zip Code

33603

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

SIGNATURE

Signature typed in printed name of registered agent and title of corporation

(PCH) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SCHWARTZ, ROBIN
STREET ADDRESS	4603 FARMHOUSE DRIVE
CITY ST ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
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 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)(b), 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 as changed, or on an attachment with an address.

SIGNATURE:

Robin Schwartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBIN SCHWARTZ

6-5-95

813-224-9061