

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H34093

(5)

1. Corporation Name

ROBERT L. LONG, JR., M.D., P.A.



Principal Place of Business

913 MARWALT DRIVE
FT. WALTON BEACH FL 32547-6757
US

Mailing Address

10600 SEATONVILLE ROAD
LOUISVILLE KY 40291
US

2. Principal Place of Business

2a. Mailing Address

21 924 Mar Walt Dr.

26 924 MAR WALT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 FWB FL

27

City & State

City & State

23 32547

28 FWB FL

Zip

Zip

24 Country USA

29 32547

Country USA

9. Name and Address of Current Registered Agent

LONG, ROBERT L. JR., M.D.
909 MARWALT DRIVE
SUITE 1012
FT. WALTON BEACH FL

3. Date Incorporated or Qualified
12/14/1984

3a. Date of Last Report
05/19/1995

4. FEI Number
59-2475473

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)
924 MAR WALT DR.

83

84 City

FWB

FL

85 Zip Code
32547

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 of person appointed as registered agent and for 4 days

NOTE: Registered Agent Signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	LONG, ROBERT L. JR., M.D.	
STREET ADDRESS	913 MARWALT DR	
CITY- ST- ZIP	FT. WALTON BCH 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	
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)(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 on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

X 2/24/96 9048633397

CR2E034 (12/95)