

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H65245

(3)

1. Corporation Name

ROBERT C. HOWARD, M.D., P.A.

Principal Place of Business

C/O ROBERT C. HOWARD
115 W. COLUMBIA STREET, SUITE A
ORLANDO FL 32806-8046

Mailing Address

C/O ROBERT C. HOWARD
115 W. COLUMBIA STREET, SUITE A
ORLANDO FL 32806-8046

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1985

4. FEI Number

59-2544566

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2886 S. Osceola Ave.

Suite, Apt. #, etc.

22

City & State

23 Orlando, Florida

Zip

24 32806-5431

25 Orange

2a. Mailing Address

26 2886 S. Osceola Ave.

Suite, Apt. #, etc.

27

City & State

28 Orlando, Florida

Zip

29 32806-5431

30 Orange

9. Name and Address of Current Registered Agent

HOWARD, ROBERT C.
115 W. COLUMBIA STREET
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

Howard, Robert C.

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

83

2886 S. Osceola Ave.

84 City

Orlando

FL

85 Zip Code

32806

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 PD ☐ DELETE

NAME HOWARD, ROBERT C.
STREET ADDRESS 115 W. COLUMBIA ST.
CITY-ST-ZIP ORLANDO FL

TITLE ST ☐ DELETE

NAME HOWARD, ROBERT C.
STREET ADDRESS 115 W. COLUMBIA ST.
CITY-ST-ZIP ORLANDO 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 PD ☐ Change ☐ Addition

1.2 NAME Howard, Robert C.
1.3 STREET ADDRESS 2886 S. Osceola Ave.
1.4 CITY-ST-ZIP Orlando, FL 32806

2.1 TITLE ST ☐ Change ☐ Addition

2.2 NAME Howard, Robert C.
2.3 STREET ADDRESS 2886 S. Osceola Ave.
2.4 CITY-ST-ZIP Orlando, FL 32806

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.

SIGNATURE:

Robert C. Howard MD

Robert C. Howard MD

4-28-98 (407)423-0597

CR2E034 (10/97)