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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **H76756** (6)
1. Corporation Name
ROBERT J. WALLACE, M.D., P.A.

Principal Place of Business Mailing Address

ROBERT J. WALLACE
2663 - 1ST AVE. NO.
ST. PETERSBURG FL 33713

ROBERT J. WALLACE
2663 - 1ST AVE. NO.
ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 **2699 1st Ave No** 26 **2699 1st Ave No**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
St Petersburg FL **St Petersburg FL**

24 Zip 25 Country 29 Zip 30 Country
33713 **USA** **33713** **USA**

3. Date Incorporated or Qualified **09/16/1985** 3a. Date of Last Report **04/05/1994**

4. FEI Number **59-2578775** 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

9. Name and Address of Current Registered Agent

WALLACE, ROBERT J.
2663 - 1ST AVE., NO.
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name **Robert J Wallace**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2699 1st Ave No**
84 City **St Petersburg** 85 Zip Code **FL 33713**

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, ROBERT J.	12 NAME	
STREET ADDRESS	2663 - 1ST AVE., NO.	13 STREET ADDRESS	2699 1st Ave No
CITY - ST - ZIP	ST. PETERSBURG FL	14 CITY - ST - ZIP	St Petersburg FL
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: **Robert J. Wallace** *Robert J. Wallace* **4/17/95** **329-5188**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Telephone Number)