

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90004 016 ***550.00

DOCUMENT # J11196

1. Entity Name

ROBERT E. GROBLE, M.D., P.A.

Principal Place of Business

GROBLE, ROBERT MD. PA
1510 BARRS ST
JACKSONVILLE FL 32204
US

Mailing Address

1510 BARRS ST
JACKSONVILLE FL 32204
US

2. Principal Place of Business

SEE ABOVE
 Suite, Apt. #, etc.

3. Mailing Address

SEE ABOVE
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2681528

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GROBLE, ROBERT E. MD
1510 BARRS ST
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

9-12-01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
 NAME **GROBLE, ROBERT E.**
 STREET ADDRESS **1510 BARRS ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **ST** ☐ Delete
 NAME **GROBLE, LOREN**
 STREET ADDRESS **4424 ORTEGA FOREST**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01
 Date

904-384-3354
 Daytime Phone #

CR20034 (5/01)