


FILED
Jul 03, 2007 8:00 am
Secretary of State

07-03-2007 90007 013 ***550.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # J11196
 1. Entity Name
ROBERT E. GROBLE, M.D., P.A.



Principal Place of Business Mailing Address
GROBLE, ROBERT MD, PA **1510 BARRS ST**
1510 BARRS ST **JACKSONVILLE, FL 32204 US**
JACKSONVILLE, FL 32204 US

40122585



06222007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
58-2881528 Not Applicable

8. 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

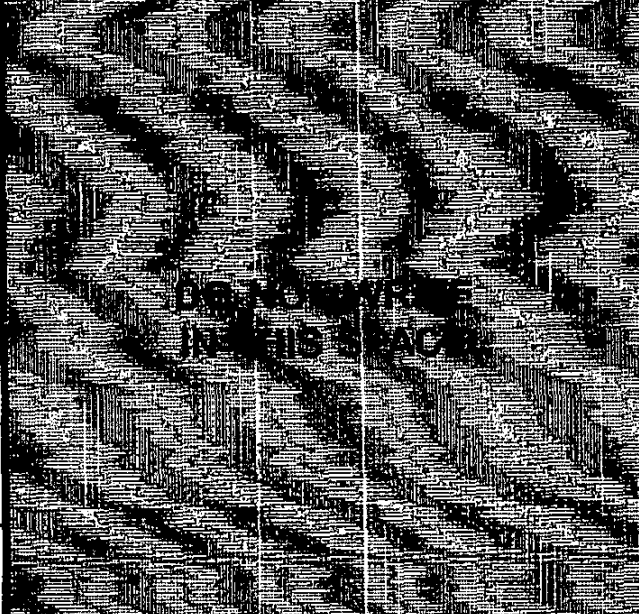
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be
Due by September 14, 2007 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GROBLE, ROBERT E.
STREET ADDRESS	1510 BARRS ST
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	ST
NAME	GROBLE, LOREN
STREET ADDRESS	4424 ORTEGA FOREST
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowers.

SIGNATURE: *Robert E. Groble MD* 6-22-07 904384384
SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #