


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # J15680 1. Entity Name ROBERT A. SHARP, D.M.D., P.A.	
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Principal Place of Business 1803 UNIVERSITY BOULEVARD NORTH JACKSONVILLE, FL 32211	Mailing Address 1803 UNIVERSITY BOULEVARD NORTH JACKSONVILLE, FL 32211
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02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2673217	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE
2301 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202-5059

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing - ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

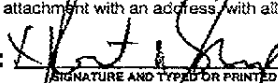
UUUUUU085169
03/11/04-80137-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SHARP, ROBERT A. 1803 UNIVERSITY BV N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **Robert A. Sharp, D.M.D.** (904)
743-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #