

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 15 1996 8:00 am
Secretary of State

DOCUMENT # J20559 (7)
1. Corporation Name
ROBERT K. MIDDLEKAUFF, M.D., P.A.



Principal Place of Business Mailing Address
% ROBERT K. MIDDLEKAUFF
1801 BARRS ST #700
JACKSONVILLE FL 32204
% ROBERT K. MIDDLEKAUFF
1801 BARRS ST #700
JACKSONVILLE FL 32204

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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3. Date Incorporated or Qualified 06/23/1986
3a. Date of Last Report 04/17/1995
4. FEI Number 59-2676529
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

MIDDLEKAUFF, ROBERT K.
1801 BARRS ST #700
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 date of appointment

(If filed, this period of signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
DP MIDDLEKAUFF, ROBERT K. 4213 VENITIA BLVD. JACKSONVILLE FL
DELETE
DELETE
DELETE
DELETE
DELETE
DELETE
DELETE
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP
4160-3 ORETA BLVD JACKSONVILLE, FL 32210
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP
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11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT K. MIDDLEKAUFF

4/9/96 904-389-6570
Date Filed Phone #

CR2E034 (12/95)