

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J20559**

1. Entity Name

ROBERT K. MIDDLEKAUFF, M.D., P.A.**FILED****Mar 15, 2001 8:00 am**
Secretary of State

03-15-2001 90207 018 ***150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1801 Barrs Street #700

Suite, Apt. #, etc.

3. Mailing Address

1801 Barrs Street #700

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32204

Country

US

Zip

32204

Country

US

4. FEI Number

59-2676529

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

RAX CO.

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

50 N. Laura St.
Suite 3300

City

Jacksonville**FL**

Zip Code

32202

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

(NOTE: Registered Agent signature required when reinstating)

James A. Nolan III, VP**02/08/01**

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VP	MIDDLEKAUFF, ROBERT	4160 -3 ORTEGA BLVD	JACKSONVILLE FL	<input type="checkbox"/>
P	LAUCKS, RICHARD C	4314 MCGIRTS BLVD	JACKSONVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D/P	Laucks, Richard C.	4314 McGirts Blvd.	Jacksonville, FL 32210	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP/Secretary	Weiss, Donna	3844 Aldington Dr.	Jacksonville, FL 32210	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Laucks M.D. President

Date

2/28/01

Daytime Phone #

CR2E034 (10/00)