

FILED
Jun 03, 2003 8:00 am
Secretary of State

05-01-2003 90303 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/1/

DOCUMENT # J20559

1. Entity Name

ROBERT K. MIDDLEKAUFF, M.D., P.A.



Principal Place of Business

**1801 BARRS STREET
#700
JACKSONVILLE FL 32204**

Mailing Address

**1801 BARRS STREET
#700
JACKSONVILLE FL 32204**

33043300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2676529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RAX CO.
50 N. LAURA ST
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Frank Yong

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

701 Riverside Park Place Suite 110

City

Jacksonville

FL

Zip Code
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

As of May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☒ Delete
NAME **MIDDLEKAUFF, ROBERT**
STREET ADDRESS **4160 -3 ORTEGA BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DP** ☐ Delete
NAME **LAUCKS, RICHARD C**
STREET ADDRESS **4314 MCGIRTS BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VPS** ☒ Delete
NAME **WEISS, DONNA**
STREET ADDRESS **3844 ALDINGTON DR**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

VP
TITLE ☒ Change ☒ Addition
NAME **Cheryl P. Laucks**
STREET ADDRESS **4314 McGirts Blvd.**
CITY-ST-ZIP **Jacksonville, FL 32210**

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

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

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

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:

Cheryl P. Laucks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl P. Laucks

VP

4/30/03

Date

Daytime Phone #

904-387-3001

CR2E034 (10/02)