

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J31611

(3)

1. Corporation Name
ROBERT E. KAROL, D.M.D., P.A.



Principal Place of Business
**200 W FORSYTH ST., SUITE 1550
JACKSONVILLE FL 32202**

Mailing Address
**200 W FORSYTH ST., SUITE 1550
JACKSONVILLE FL 32202-4346**

3. Date Incorporated or Qualified 10/01/1986	3a. Date of Last Report 03/12/1996
4. FEI Number 59-2710777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	200 W FORSYTH ST #1550	1.2 NAME	
CITY- ST- ZIP	JACKSONVILLE FL	1.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	1.4 CITY- ST- ZIP	
STREET ADDRESS		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY- ST- ZIP		2.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY- ST- ZIP	
CITY- ST- ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME	
CITY- ST- ZIP		4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY- ST- ZIP	
STREET ADDRESS		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY- ST- ZIP		5.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY- ST- ZIP	
CITY- ST- ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *Robert E. Karol DMD* Robert E. Karol, D.M.D. (904) 356-1010
DATE: *2/21/97*

CR2E034 (9/96)