


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # J31611
 1. Entity Name
 ROBERT E. KAROL, D.M.D, P.A.



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

DO NOT WRITE IN THIS SPACE



02152004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2710777 Not Applicable

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

6. Name and Address of Current Registered Agent
 HOLBROOK, H. LEON
 2301 INDEPENDENT SQUARE
 ONE INDEPENDENT DRIVE
 JACKSONVILLE, FL 32202

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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 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KAROL, ROBERT E. 200 W FORSYTH ST #1550 JACKSONVILLE, FL
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 02/23/04-80029-024 150.00

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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 E. Karol DMD Robert E. Karol, D.M.D. (904)
 _____ _____ 356-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-19-04 Date Daytime Phone #