

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # J31611**

1. Entity 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

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2710777

Applied For

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

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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01/17/08-80016-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, D.M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08 (904) 285-8807

Date

Daytime Phone #