

J31611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

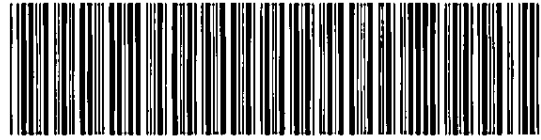
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200358689162

# J31611

## BLALOCK, HOLBROOK & AKEL, P.A.

ATTORNEYS AT LAW

SUITE 2301 INDEPENDENT SQUARE  
 JACKSONVILLE, FLORIDA 32202-5059

(904) 356-6311

August 29, 1986

**S GORDON BLALOCK**  
 GENERAL PRACTICE  
 TRUST PRACTICE-GENERAL  
 REAL PROPERTY LAW  
**H LEON HOLBROOK**  
 TAXATION  
 REAL PROPERTY LAW  
 WILLS, ESTATES AND ESTATE PLANNING  
 CORPORATION AND BUSINESS LAW  
**EDWARD C AKEL**  
 TAXATION  
 REAL PROPERTY LAW  
 WILLS, ESTATES AND ESTATE PLANNING  
 CORPORATION AND BUSINESS LAW

**KATHLEEN F. HOLBROOK**  
 TAXATION  
 WILLS, ESTATES AND ESTATE PLANNING  
 CORPORATION AND BUSINESS LAW  
**DANIEL D AKEL**  
 TAXATION  
 REAL PROPERTY LAW  
 CORPORATION AND BUSINESS LAW  
 BANKRUPTCY LAW  
 GENERAL PRACTICE  
**H LEON HOLBROOK, III**  
 TRUST PRACTICE-GENERAL  
 PERSONAL INJURY  
 MARITAL AND FAMILY LAW  
 REAL PROPERTY LAW  
 CRIMINAL LAW

Corporate Records Bureau  
 Division of Corporations  
 Department of State  
 Post Office Box 6327  
 Tallahassee, Florida 32314

ENCLOSURE DATE  
10/1/86

Re: Robert E. Karol, D.M.D., F.A.G.D., P.A.

Dear Sirs:

Enclosed are original and copy of Articles of Incorporation of Robert E. Karol, D.M.D., F.A.G.D., P.A. Please file the original and return a certified copy to me. Our check for \$63.00 is enclosed to cover the fees.

Thank you very much for your cooperation.

Sincerely yours,



H. LEON HOLBROOK

HLH/rh

Enclosures

cc: Dr. Robert E. Karol

Name	RO 9/4/86
Department	RO
Examiner	RO
Witness	RO
Notary	RO
Administrative	RO
V.P. Manager	RO

2  
/ A

FILED

SEP 4 1986

ARTICLES OF INCORPORATION  
OF  
ROBERT E. KAROL, D.M.D., F.A.G.D., P.A.

The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, does hereby present these Articles for the formation of a corporation under the Professional Corporation Act and other laws of the State of Florida.

EFFECTIVE DATE

ARTICLE I

10/1/86

The name of this corporation is: ROBERT E. KAROL, D.M.D., F.A.G.D., P.A.

ARTICLE II

The general nature of the business to be transacted by this corporation is: To engage in every phase and aspect of the business of rendering the same professional services to the public that a Doctor of Dentistry, duly licensed under the laws of the State of Florida, is authorized to render, but such professional services shall be rendered only through officers, employees and agents who are fully licensed or otherwise legally authorized to render such professional services within this State.

To invest the funds of this corporation in real estate, mortgages, stocks, bonds, or any other type of investment, and to own real and personal property necessary for the rendering of professional services.

To do all and everything necessary and proper for the accomplishment of any of the purposes or the attaining of any of the objects or the furtherance of any of the purposes enumerated in these Articles of Incorporation or any amendments thereof, and either alone or in association with other corporations, firms or individuals, to carry on any lawful pursuit necessary or incidental to the accomplishment of the purposes and objects of this corporation.

The foregoing enumeration of objects and purposes shall not be held to limit or restrict in any manner the purposes of this corporation otherwise permitted by law.

#### ARTICLE III

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having a par value of \$1.00 per share. The Board of Directors is authorized to issue "Section 1244 Stock" as defined by Section 1244 of the Internal Revenue Code.

The shareholders shall not have preemptive rights.

Cumulative voting shall not be permitted.

The shareholders may, by by-law provision or by shareholders' agreement, impose such restrictions on the sale, transfer, or encumbrance of the stock of this corporation as they may see fit.

ARTICLE IV

This corporation is to exist perpetually, and its effective date shall be October 1, 1986.

ARTICLE V

The initial post office address of this corporation in the State of Florida is 437 St. James Building, 117 West Duval Street, Jacksonville, Florida 32202. The Board of Directors may from time to time move the principal office to any other address in Florida.

ARTICLE VI

This corporation shall have one (1) Director, initially. The number of directors may be increased or diminished from time to time by By-Laws adopted by the Stockholders, but shall never be less than one.

ARTICLE VII

The name and post office address of the member of the first Board of Directors are:

<u>Name</u>	<u>Address</u>
Robert E. Karol, D.M.D.	437 St. James Building 117 West Duval Street Jacksonville, Florida 32202

ARTICLE VIII

The name and post office address of the person signing these Articles of Incorporation as incorporator are:

<u>Name</u>	<u>Address</u>
H. Leon Holbrook	2301 Independent Square One Independent Drive Jacksonville, Florida 32202

#### ARTICLE IX

No shareholder of this corporation shall enter into a voting trust agreement or any other type of agreement vesting in another person the authority to exercise the voting power of any or all of his shares.

#### ARTICLE X

No contract or other transaction between this corporation and any other corporation shall be affected by the fact that any director of this corporation is interested in or a director or officer of such other corporation. Every person who may become a director of this corporation is hereby relieved from any liability that might otherwise exist from contracting with this corporation for the benefit of himself or any firm, association or corporation in which he may be in any way interested.

#### ARTICLE XI

Any director of this corporation may be removed at any annual or special meeting of the stockholders by the same vote as that required to elect a director.

ARTICLE XII

In furtherance, and not in limitation of the general powers conferred by the laws of the State of Florida, and of the purposes and objects hereinabove stated, this corporation shall have all and singular the following powers:

This corporation shall have the power to enter into, or become a partner in, any arrangement for sharing profits, union of interest, or cooperation, joint venture or otherwise, with any person, firm or corporation to carry on any business which this corporation has the direct or incidental authority to pursue.

This corporation shall have the power, at its option, to purchase and acquire any or all of its shares owned and held by any such shareholders as should desire to sell, transfer, or otherwise dispose of his shares, in accordance with the By-Laws adopted by the shareholders of this corporation setting forth the terms and conditions of such purchase, provided, however, the capital of this corporation is not impaired.

This corporation shall have the power, at its option, to purchase and acquire the shares owned and held by any shareholder who dies, in accordance with the By-Laws adopted by the Board of Directors of this corporation, setting forth the terms and conditions of such purchase; provided, however, the capital of this corporation is not impaired.

This corporation shall have the power to enter into, for the benefit of its employees, one or more of the following:

(1) a pension plan, (2) a profit-sharing plan, (3) a stock bonus plan, (4) a thrift and savings plan, (5) a restricted stock option plan, or (6) other retirement or incentive compensation plans.

#### ARTICLE XIII

The corporation shall indemnify any and all persons who may serve or who have served at any time as directors or officers, or who at the request of the Board of Directors of the corporation may serve or at any time have served as directors or officers of another corporation in which the corporation at such time owned or may own shares of stock or of which it was or may be a creditor, and their respective heirs, administrators, successors and assigns, against any and all expenses, including amounts paid upon judgments, counsel fees, and amounts paid in settlement (before or after suit is commenced), actually and necessarily incurred by such persons in connection with the defense or settlement of any claim, action, suit, or proceeding in which they, or any of them, are made parties, or a party, or which may be asserted against them or any of them, by reason of being or having been directors or officers or a director or officer of the corporation, or of such other corporation, except in relation to matters as to which any such director or officer or former director or officer or person shall be adjudged in any action, suit, or proceeding to be liable for his own negligence or misconduct in the performance of his duty. Such



indemnification shall be in addition to any other rights to which those indemnified may be entitled under any law, by-law, agreement, vote of stockholders, or otherwise, and the corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE XIV

These Articles of Incorporation may be amended in the manner provided by law. All rights of shareholders are subject to this reservation.

ARTICLE XV

The registered office shall be 2301 Independent Square, One Independent Drive, Jacksonville, Florida, and the registered agent at that same address is H. Leon Holbrook.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation, this 29<sup>th</sup> day of August, 1986.

  
\_\_\_\_\_  
H. LEON HOLBROOK

STATE OF FLORIDA

COUNTY OF DUVAL

I hereby certify that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared H. LEON HOLBROOK, to be well known to be the person described as the incorporation in and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County of State named above, this 29th day of August, 1986.

Jessie R. Hays  
Notary Public

My Commission Expires:

*[Faint, illegible text]*

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987**

CORPORATION

ANNUAL REPORT  
1987



DEPARTMENT OF REVENUE  
Office of the  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
JUN 22 1987

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Officer

J31611  
KAROL (ROBERT E.), D.M.D., F.A.G.D., P.A.  
437 ST. JAMES BUILDING  
117 WEST DUVAL STREET  
JACKSONVILLE, FL. 32202

2. Enter Change of Address of Corporation Principal Officer. P.O. Box Number Above is NOT Subject

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date of Filing or Quarterly To Be Due (as in Florida Statutes)

10/01/1986

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
KAROL, ROBERT E.	D/P	117 WEST DUVAL STREET	JACKSONVILLE, FL

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

9. File, under the provisions of Sections 907.034 and 907.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, is hereby notified for the purpose of changing its registered office, or registered agent, or both, in the State of Florida.

Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_

I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of, Section 907.036 F.S.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**\$3.00 additional fee required for Registered Agent changes.**

See signature restrictions under Instructions on reverse side of this form.

I certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S., and I understand My Signature on This Report Shall Have the Same Legal Effects As if Made Under Oath.

*Robert E. Karol, DMD*

June 22, 1987

Karol, Robert E.

President

904/356-1010

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT  
1988



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE  
OFFICE OF THE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

EXEMPT ENTER IN THIS SPACE

**Final Name and Principal Office of the Corporation**  
**Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State**

031611

KAROL (ROBERT E.), D.M.C., F.A.C.D., P.A.  
437 ST. JAMES BUILDING  
117 WEST DUVAL STREET  
JACKSONVILLE, FL 32202

1. Name Change of Address of Corporation (Please Print)  
Check P.O. Box Number Address NOT Sufficient  
Street Address  
City  
State  
Zip

1. Date of Report (Month/Day/Year) 2. Report Period (Month/Day/Year)

10/01/1988 10/01/1988 (A) - 20100000 05/30/1987

KAROL, ROBERT E. D/P 117 WEST DUVAL STREET JACKSONVILLE, FL

**REGISTERED AGENT INFORMATION**

ROSEBROOK, M. LEON  
2301 INDEPENDENT SQUARE  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202

FL

*Robert E. Karol, DMD*

3-23-88

55 Additional Filings  
required for  
Certificate of Status

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST**

CORPORATION

ANNUAL REPORT  
1989



FLORIDA DEPARTMENT OF STATE  
Division of State  
DIVISION OF CORPORATIONS

APPROVED

DATE: 03/30/1988

Read Notes and Instructions on Other Side Before Making Entries  
**Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State**

1. Name and Address of Corporation Principal Office

J31611 3  
KAROL (ROBERT E.), D.M.D., P.A.G.D., P.A.  
437 ST. JAMES BUILDING  
117 WEST DUVAL STREET  
JACKSONVILLE, FL 32202-3701

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address (if)

P.O. Box No. (if)

City and State (if)

Zip Code (if)

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida

10/01/1986

4. Federal Employer Identification Number (EIN)

59-2710777

5. Date of Last Report

03/30/1988

6. Name and Street Addresses of Each Officer and Director, as of December 31, 1988

Name	Name of Officer (and Director)	Street Address of Each Officer and Director	City and State
D/P	KAROL, ROBERT E.	117 WEST DUVAL STREET	JACKSONVILLE, FL

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

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

8. Full Name and Address of Former Registered Agent (Name)

Street Address (if) (Do NOT use P.O. Box Number)

Street Address (if) (Do NOT use P.O. Box Number)

City and State (if)

FL

9. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I understand that my signature on this report shall have the same legal effect as if made under oath. My signature must be made in Part 6.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I understand that my signature on this report shall have the same legal effect as if made under oath. My signature must be made in Part 6.

See signature instructions on reverse side of this form.

11. I hereby certify that I am an Officer or Director of the Corporation, or a Partner or Sole Proprietorship, or a Member of a Limited Liability Company, and that I understand the signature on this report shall have the same legal effect as if made under oath. My signature must be made in Part 6.

X Robert E. Karol, D.M.D.

Robert E. Karol, D.M.D.

Pres.

Date

3/18/89

(904) 356-1010

12. This report is filed with the Secretary of State.

PROPERTY OF STATE OF FLORIDA

35 Additional Fee required for a Corporation in State

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

15016500

REGISTRATION  
ANNUAL REPORT  
1990



Division of Professional Regulation  
Department of Banking and Finance

4-20  
STATE  
DEPARTMENT OF BANKING AND FINANCE  
DIVISION OF PROFESSIONAL REGULATION

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

Not to be used for any other purpose

J31611 3

ZIP + 4 PRESORT

ROBERT E. KAROL, D.M.D., F.A.G.D., P.A.  
437 ST. JAMES BUILDING  
117 WEST DUVAL STREET  
JACKSONVILLE, FL 32202-3701

Expiry date of this registration is 10/01/1991

Address of Registrant  
Address of Employer  
Address of Office  
Address of Home

10/01/1986

59-2710777

FEI Number Applicant  
FEI Number Employer

D/P KAROL, ROBERT E. 117 WEST DUVAL STREET JACKSONVILLE, FL

REGISTERED AGENT INFORMATION

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

FL

*Robert E. Karol, DMD*

Robert E. Karol, D.M.D.

Dec 2-12-90

(904) 356-1010

\$5 Additional Fee  
required by  
the Secretary of State

BLALOCK, HOLBROOK & AKEL, P.A.

ATTORNEYS AT LAW

2301 INDEPENDENT SQUARE

JACKSONVILLE, FLORIDA 32202-5059

S. GORDON BLALOCK  
H. LEON HOLBROOK  
EDWARD C. AKEL  
KATHLEEN HOLBROOK GOLD  
DANIEL D. AKEL  
H. LEON HOLBROOK  
JOHN R. STIEFEL, JR.

TELEPHONE  
(904) 356-1111

TELECOMEX  
(904) 356-7720

November 6, 1991

J31611

J31611

-11/06/91--00158--008  
DOMESTIC AMENDMENT 87.50  
CERT/PHOTO COPY-----  
AMENDMENT-----  
TOTAL-----

Corporate Records Bureau  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Amendment to Articles of Incorporation of  
Robert E. Karol, D.M.D., F.A.G.D., P.A.

Dear Sirs:

Enclosed are original and copy of Amendment to Articles  
of Incorporation of Robert E. Karol, D.M.D., F.A.G.D., P.A. and  
return a certified copy of each to me. Our checks for \$87.50 each  
are enclosed to cover the fees.

Thank you very much for your cooperation.

Sincerely yours,

H. LEON HOLBROOK

C. TAX \_\_\_\_\_  
FILING 35 \_\_\_\_\_  
R. AGENT FEE \_\_\_\_\_  
C. COPY 52.50 \_\_\_\_\_  
TOTAL 87.50 \_\_\_\_\_  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

HLH/rh

Enclosure

Copy	Mr. Robert E. Karol
Examiner	Mr. Dennis Stevens
Updater	
Updater	
Verifier	
Acknowledgement	
Verifier	

AMENDMENT TO ARTICLES OF INCORPORATION  
OF  
ROBERT E. KAROL, D.M.D., F.A.G.D., P.A.

The Articles of Incorporation of Robert E. Karol, D.M.D.,  
F.A.G.D., P.A. are hereby amended so that Article I shall hereafter  
read as follows:

"The name of this corporation is: ROBERT E. KAROL,  
D.M.D., P.A."

This Amendment was adopted by the stockholders and  
directors on October 25, 1990. The Amendment was approved by  
unanimous consent of all shareholders entitled to vote.

IN WITNESS WHEREOF, these Articles of Amendment have been  
executed on behalf of the corporation this 1<sup>st</sup> day of  
November, 1990.

Robert E. Karol DMD  
ROBERT E. KAROL, D.M.D.,  
President

STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this  
1st day of November, 1990, by Robert E. Karol, D.M.D.,  
President of Robert E. Karol, D.M.D., F.A.G.D., P.A., a Florida  
corporation, on behalf of the corporation.

Don Antrell  
Notary Public

My Commission Expires:

NOTARY PUBLIC, STATE OF FLORIDA,  
MY COMMISSION EXPIRES: APRIL 5, 1991  
DO NOT SIGN THIS NOTARY PUBLIC UNDERWRITER.



FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION  
ANNUAL REPORT  
1991



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries  
**FILING FEE OF \$61.25 REQUIRED**

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT # J31611 (3)**

**ROBERT E. KAROL, D.M.D., P.A.  
437 ST. JAMES BUILDING  
117 WEST DUVAL STREET  
JACKSONVILLE, FL 32202-3701**

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an Amendment.

21. Street Address  
**200 West Forsyth St., Suite 1550**  
22. P.O. Box No.  
23. City and State  
**Jacksonville, FL**  
24. Zip Code  
**32202**

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date first organized or Qualified to do Business in Florida: **10/01/1986**  
4. FEI Number: **59-2710777**  
FEI Number Applied For: **58.75 Additional Fee required by a Certificate of Status**  
FEI Number Not Available: **CERTIFICATE OF STATUS REQUIRED**

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
D/P	KAROL, ROBERT E.	117 WEST DUVAL STREET	JACKSONVILLE, FL

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent:

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

8. I, Applicant, in the presence of Sections 107.0501 and 107.1501, Florida Statutes, the above-named Registered Agent, do hereby give my consent to the appointment of the person named above as the registered agent of this corporation in the State of Florida. Such consent was authorized by the proper officers of the corporation and the appointment as registered agent is in full compliance with the provisions of Sections 107.0501 and 107.1501, Florida Statutes.

SIGNATURE OF REGISTERED AGENT: *H. Leon Holbrook*  
(Registered Agent Accepting Appointment)

DATE: **4/28/91**

9. I certify that the information indicated on this form is correct to the best of my knowledge and belief, and that the person named above has the legal right to accept the appointment as registered agent of this corporation, and that my name appears in Block 4 as an authorized officer or director.

*X Robert E. Karol, D.M.D.*

DATE: **5-11-91**

Robert E. Karol

President

904 356-1010

**FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status**

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

INCORPORATION ANNUAL REPORT 1992



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State BUREAU OF CORPORATIONS

HS-912

SECRETARY OF STATE CORPORATION REPORT MAIL ROOM FILED

FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Mailing Address of Corporation DOCUMENT #J31611 (3)

ROBERT E. KAROL, D.M.D., P.A. 200 W FORSYTH ST., SUITE 1550 JACKSONVILLE FL 32202-4346

2. If Address in Block 1 is incorrect in any way, list true correct information and under the correct address to be a legal issue. The failure of the corporation can only be by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State

24

3. Date Incorporated or Qualified To Do Business in Florida

10/01/1986

4. Do not include incorrect information through the incorrect information and the correct address in Block 2

5a. Date of Report

05/15/1991

5b. Filing Number

59-2710777

6. Filing Number Applied for

\$8.75 Additional Fee required for a Certificate of Status

7. Filing Number Applied for

CERTIFICATE OF STATUS

8. Name and Address of Each Officer and Director (Do not use any course for tapes or lists to cover over printed information)

Table with 4 columns: Name of Officer and Director, Street Address of Each Officer and Director, City and State. Row 1: KAROL, ROBERT E., 117 WEST DUVAL STREET 200 W. Forsyth St., #1550, JACKSONVILLE, FL

REGISTERED AGENT INFORMATION

7. Name and Address of C. from Foreign Agent

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

8. Name and Address of Each Registered Agent

Table with 2 columns: Name, Address. Row 1: HOLBROOK, H. LEON, 2301 INDEPENDENT SQUARE ONE INDEPENDENT DRIVE JACKSONVILLE, FL

9. If the corporation has changed its name since the last report, list the new name and the date of change. If the corporation has changed its name since the last report, list the new name and the date of change.

10. If the corporation has changed its name since the last report, list the new name and the date of change.

11. If the corporation has changed its name since the last report, list the new name and the date of change.

SIGNATURE X Robert E. Karol, D.M.D., P.A.

Robert E. Karol, D.M.D., P.A.

Pres.

904 356-1010

X 2-17-92

File Now. Filing Fee after May 1 is \$225.00

1993



DOCUMENT # J31611 (3)

ROBERT E. KAROL, D.M.D., P.A.  
200 W FORSYTH ST STE 1550  
JACKSONVILLE FL 32202-4346

FILED

10/01/1986

03/09/1992

592710777

FILING FEE  
\$200.00

ANNUAL REPORT \$69.25 + \$130.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

\$8.75

\$5.00

\$138.75

8. Home 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

FL

D/P  
KAROL, ROBERT E.  
200 W FORSYTH ST #1550  
JACKSONVILLE FL

SIGNATURE

*Robert E. Karol, D.M.D.*

5-13-73

D. E. KAROL, D.M.D., P.A. Jacksonville

not 350 1123

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

94 FEB 21 AM 9:43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1994

DEPARTMENT OF CORPORATIONS

NAME: ROBERT E. KAROL D.M.D., P.A.

DOCUMENT # J31611 (3)

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

DO NOT WRITE IN THIS SPACE

3. Date hereafter or On/Off: 10/01/1988 36. Date of Last Payment: 05/19/1993
4. FEI Number: 59-2710777
5. Corporation Status: S8.75 Additional Fee Required
7. Federal Income Tax: \$5.00
8. This corporation is a member of the Florida Bar: YES NO

21. Principal Place of Business: 200 W FORSYTH ST., SUITE 1550 JACKSONVILLE FL 32202
22. State: FL
23. City: JACKSONVILLE
24. County: DUVAL

9. Name and Address of Current Registered Agent: HOLBROCK, H. LEON 2301 INDEPENDENT SQUARE ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent:
B1. Name:
B2. Street Address:
B3.
B4. City: FL

By the Department of Corporations... I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.

Table with 2 columns: OFFICER'S NAME AND ADDRESS, OFFICER'S SIGNATURE AND TITLE. Row 1: D.P. KAROL, ROBERT E. 200 W FORSYTH ST #1550 JACKSONVILLE FL.

SIGNATURE: Robert E. Karol R. E. KAROL 2-14-94 (904) 356-1010