2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State
02-20-2006 90049 002 ***150.00

66016060

DOCUMENT # L41764

1. Entity Name
ROBERT C. SNYDER, M.D., P.A.

Principal Place of Business	Mailing Address
~~1615 E WOODWARD STREET~~ ORLANDO, FL 32803 US 237 LONGVUE DR. SUITE D BOONE NC 28607	~~1615 E WOODWARD STREET~~ ORLANDO, FL 32803 US SAME

DO NOT WRITE IN THIS SPACE

01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0153070 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SNYDER, ROBERT C.
~~1615 E. WOODWARD STREET~~
~~ORLANDO, FL 32803.~~

Ramon S. Hernandez
2265 Lee Rd., Suite 205
Winter Park, Fl. 32789

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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: R. A. Hernandez 4-28-06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SNYDER, ROBERT C.
STREET ADDRESS	~~1615 E. WOODWARD STREET~~ 237 LONGVUE DR. SUITE D
CITY-ST-ZIP	~~ORLANDO, FL~~ BOONE NC 28607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 C. Snyder 2/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
66016060

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2006

Ramon

ROBERT C. SNYDER, M.D., P.A.
237 LONGVUE DR
SUITE D
~~BONNE~~, NC ~~38607~~ US

Boone 28607

Subject: **ROBERT C. SNYDER, M.D., P.A.**

Reference Number: **L41764**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD
ANNUAL REPORTS SECTION

THIS WAS JUST RECEIVED
BY Ramon S. HERNANDEZ, P.A.
DUE TO INCORRECT ADDRESS.