

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAY 29 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000065927

1. Entity Name
ROBERT R. CARROLL, M.D., P.A.



Principal Place of Business
6400 WEST NEWBERRY ROAD
SUITE 206
GAINESVILLE, FL 32605

Mailing Address
6400 WEST NEWBERRY ROAD
SUITE 206
GAINESVILLE, FL 32605



03202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3724047

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROLL, ROBERT R
6400 WEST NEWBERRY ROAD
SUITE 206
GAINESVILLE, FL 32605

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CARROLL, ROBERT R
STREET ADDRESS 6400 WEST NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE DPST ☒ Change ☐ Addition
NAME Carroll, Robert R.
STREET ADDRESS 6400 W. Newberry Rd.
CITY-ST-ZIP Gainesville, FL 32605

TITLE S ☒ Delete
NAME CARROLL, LORI T
STREET ADDRESS 6400 WEST NEWBERRY RD. STE 206
CITY-ST-ZIP GAINESVILLE, FL 37605

TITLE ☐ Change ☐ Addition
NAME 300104108163
STREET ADDRESS 06/08/07--01013--001
CITY-ST-ZIP **61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 May 07 352-331-2777

Date

Daytime Phone #