

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90019 046 ***150.00

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1. Entity Name

ROBIN O'HEARN PHD INC



Principal Place of Business

6817 SOUTHPOINT PARKWAY
SUITE 904
JACKSONVILLE FL 32216
US

Mailing Address

6817 SOUTHPOINT PARKWAY
SUITE 904
JACKSONVILLE FL 32216
US



2. Principal Place of Business

370 15th St. S
Suite C

3. Mailing Address

11879 Narrow Oak Ln S.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Jacksonville Beach, FL

City & State

Jacksonville, FL

4. FEI Number

06-1754976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'HEARN, ROBIN E PHD
6817 SOUTHPOINT PARKWAY
SUITE 904
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name Robin E. O'Hearn, Ph.D.

Street Address (P.O. Box Number is Not Acceptable)
11879 Narrow Oak Ln. S.

City Jacksonville

FL

Zip Code 32223

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

1/31/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME O'HEARN, ROBIN E PHD
STREET ADDRESS 6817 SOUTHPOINT PARKWAY SUITE 904
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME O'HEARN, ROBIN E. PH.D. ☒ Change ☐ Addition
STREET ADDRESS 11879 Narrow Oak Ln. S.
CITY-ST-ZIP Jacksonville, FL 32223

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1/31/06 904-864-4300

Date

Daytime Phone #