

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:24

DOCUMENT # P93000012950 (0)

1. Corporation Name

ROBERT MORTENSEN, P.A.

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE
SUITE 404
COCONUT GROVE FL 33133
US

Mailing Address

2665 SOUTH BAYSHORE DRIVE
SUITE 404
COCONUT GROVE FL 33133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1993

3a. Date of Last Report

07/18/1994

4. FEI Number

65-0395110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2b. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORTENSEN, ROBERT
2665 SOUTH BAYSHORE DRIVE
SUITE 404
COCONUT GROVE FL 33133

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Registered Agent (printed name of registered agent and title of corporation)

(Signature)

Registered Agent (signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MORTENSEN, ROBERT
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, #404
CITY, ST, ZIP	COCONUT GROVE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	
34 TITLE	☐ Change ☐ Addition
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(9)(b), Florida Statutes. Further, I certify that the information furnished is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent of the corporation to which this report is required by Chapter 607, Florida Statutes, and that my name appears on the corporation's or the registered agent's annual report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/95

305-858-6880