

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028329 (8)

1. Corporation Name

ROBERT A. PETERSEN, M.D., P.A.

Principal Place of Business

198 NINTH STREET NORTH
NAPLES FL 33940

Mailing Address

198 NINTH STREET NORTH
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1994

3a. Date of Last Report

4. FEI Number

65-0488785

Applied For

5. Certificate of Status Desired

\$8.75 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. 149.039
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 State, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

28 City & State

29 Zip

30 Country

211 Mermaids Bight

Naples FL

33940

USA

9. Name and Address of Current Registered Agent

GARNER, JOHN A
900 SIXTH AVENUE SOUTH
SUITE 200
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 agent 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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when revolving)

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

President, V.P., Secretary, Treasurer
Robert A. Petersen, M.D.
211 Mermaids Bight
Naples, FL 33940
☐ Change ☒ Addition

14. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

☐ Change ☐ Addition

15. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

☐ Change ☐ Addition

16. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

☐ Change ☐ Addition

17. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

☐ Change ☐ Addition

18. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and 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 12 or Block 13, changed, or was an attachment with an address.

SIGNATURE:

Robert Petersen

* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/95

(813) 261-8337