

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # P94000048097 (7)

ROBERT G. SKWERER, M.D., P.A.

95 MAY -1 14 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address 5600 BEE RIDGE ROAD SUITE B SARASOTA FL 34233		2. Alternate Office Address 5600 BEE RIDGE ROAD SUITE B SARASOTA FL 34233	
3. Date being reported as of 06/23/1994		3a. Nature of Report	
2. Principal Office Telephone 21. 635 S. ORANGE AVE. 22. Suite 7 23. SARASOTA FL. 24. 34236 25. SARASOTA		2b. Mailing Address 26. 635 S. ORANGE AVE. 27. Suite 7 28. SARASOTA FL. 29. 34236 30. SARASOTA	
4. Filing Number 65-0509910		Applicant For Not Applicable	
5. Certificate of Status (Required)		\$8.75 Additional Fee Required	
6. Foreign Campaign Financing Fund Fund Contribution		\$5.00 May Be Added to Fees	
7. Does corporation have liability for information provided by Florida Statutes		Yes ☐ No ☒	
9. Name and Address of Current Registered Agent SKWERER, ROBERT G M.D. 5600 BEE RIDGE ROAD SUITE B SARASOTA FL 34233		10. Name and Address of New Registered Agent 81. Name Robert G. Skwerer, M.D., P.A. 82. Street Address of Office Box Number or Not Applicable 635 S. ORANGE AVE, Ste. 7 83. City SARASOTA, FL 84. State FL 85. Zip Code 34236	
11. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and I am not aware of any information that would cause me to believe that the information is false or misleading. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.			
SIGNATURE: Robert G. Skwerer, MD 4-29-95			
12. OFFICERS AND DIRECTORS NAME SKWERER, ROBERT G M.D. ADDRESS 5600 BEE RIDGE ROAD, SUITE B SARASOTA FL 34233		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS NAME Robert G. Skwerer, M.D. ADDRESS 635 S. Orange Ave. Ste. 7 SARASOTA, FL 34236	
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and I am not aware of any information that would cause me to believe that the information is false or misleading. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.		15. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and I am not aware of any information that would cause me to believe that the information is false or misleading. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.	
SIGNATURE: Robert G. Skwerer, MD 4-29-95 813-954-0706			