

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000042483 (4)**

1. Corporation Name

JOHN ROBERTS, M.D., P.A.



Principal Place of Business

**5700 N FEDERAL HWY SUITE 1
FT LAUDERDALE FL 33308**

Mailing Address

**5700 N FEDERAL HWY SUITE 1
FT LAUDERDALE FL 33308**

2. Principal Place of Business

2a. Mailing Address

21. **1901 NE 59TH COURT**
State, Apt. #, etc.

26. **1901 NE 59TH COURT**
State, Apt. #, etc.

22. **FT LAUDERDALE, FL**
City & State

27. **FT LAUDERDALE, FL**
City & State

23. **33308** **USA**
Zip Country

28. **33308** **USA**
Zip Country

9. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

06/01/1995

3a. Date of Last Report

NA

4. FET Number

65-0610483

Applied For
Not Applicable

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. 199.032,
Florida Statutes ☐ Yes ☒ No

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 607.1506, 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

Signature of person submitting this report and to be filled in

Signature of New Registered Agent (if different from above)

Date

12. OFFICERS AND DIRECTORS

12.1 NAME
12.2 STREET ADDRESS
12.3 CITY-STATE-ZIP
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY-STATE-ZIP
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY-STATE-ZIP
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY-STATE-ZIP
12.16 TITLE
12.17 NAME
12.18 STREET ADDRESS
12.19 CITY-STATE-ZIP
12.20 TITLE

**PD
ROBERTS, JOHN III
2711 RICKENBACKER
DALLAS TX 75228**

☐ DELETE

☐ DELETE

☐ DELETE

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☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

**PD
ROBERTS, JOHN III
1901 NE 59TH COURT
FT LAUDERDALE, FL 33308**

☒ Change ☐ Addition

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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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on a new addition with an address.

SIGNATURE:

John Roberts III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/96

(954) 489-1613
Date Printed

CR2E034 (12/95)