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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000051920 (2)

1. Corporation Name

KIMBERLY G. ROBINSON, D.M.D., P.A.

Principal Place of Business

922 SABAL PARK PL. APT. 204
LONGWOOD FL 32779

Mailing Address

322 SABAL PARK PL. APT. 204
LONGWOOD FL 32779-8071

2. Principal Place of Business

21 1400 S. Orlando Ave.

Suite, Apt. #, etc.

22 Suite 207

City & State

23 Winter Park, FL

Zip

24 32789

Country

25 U.S.A.

2a. Mailing Address

26 1400 S. Orlando Ave

Suite, Apt. #, etc.

27 Suite 207

City & State

28 Winter Park, FL

Zip

29 32789

Country

30 U.S.A.

3. Date Incorporated or Qualified

06/17/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3386090

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

9. Name and Address of Current Registered Agent

HARGROVE, CHARLES D

228 ANNE ST.

ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

Same

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

801 N. Magnolia Avenue

83

Suite 402

84

City Orlando, FL

FL

85 Zip Code

32803

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

Kimberly G. Robinson, President

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-97

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE

NAME ROBINSON, KIMBERLY G

STREET ADDRESS 322 SABAL PARK PL., APT. 204

CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address.

SIGNATURE

Kimberly G. Robinson, President 4-17-97 1407 609 800

CR2E034 (9/96)