

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90033 042 ***150.00

DOCUMENT # P98000015902

1. Entity Name

KEVIN L. ROBINSON, MD, PA

Principal Place of Business

106 MEDICAL CENTER AVENUE
SEBRING FL 33870

Mailing Address

106 MEDICAL CENTER AVENUE
SEBRING FL 33870

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0814799**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, KEVIN L DR.
9526 NE 2ND AVE, STE 102
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name

KEVIN ROBINSON, MD

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

106 MEDICAL CENTER AVE

City

SEBRING

FL

Zip Code
33870

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROBINSON, KEVIN L DR.**
STREET ADDRESS **106 MEDICAL CENTER AVE**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01 (863) 3144487

CR2E034 (10/00)