

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000096345** ✓  
Corporation Name

**L. BRIAN ROBINSON, DPM, P.A.**

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90001 010 \*\*\*558.75



Principal Place of Business      Mailing Address  
1 CARDINAL DRIVE      3003 CARDINAL DRIVE  
O BEACH FL 32963      VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

|                             |  |                     |  |  |  |
|-----------------------------|--|---------------------|--|--|--|
| Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br>11/11/1998  |  |
| Suite, Apt. #, etc.         |  | Suite, Apt. #, etc. |  | 4. FEI Number<br>65-0908326  |  |
| City & State                |  | City & State        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                              |  |
| Zip                         |  | Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                      |  |
| Country                     |  | Country             |  | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, L. BRIAN DPM  
3003 CARDINAL DRIVE  
VERO BEACH FL 32963

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/14/99

| OFFICERS AND DIRECTORS   |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |   |
|--|---------------------------------|---|---|
| 1. NAME<br>ROBINSON, L. BRIAN DPM<br>2. ADDRESS<br>3003 CARDINAL DRIVE<br>3. CITY-STATE-ZIP<br>VERO BEACH FL 32963 | <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME<br>3. ADDRESS<br>4. CITY-STATE-ZIP   | <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME<br>4. ADDRESS<br>5. CITY-STATE-ZIP   | <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME<br>5. ADDRESS<br>6. CITY-STATE-ZIP   | <input type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME<br>6. ADDRESS<br>7. CITY-STATE-ZIP   | <input type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME<br>7. ADDRESS<br>8. CITY-STATE-ZIP   | <input type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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:

**SIGNATURE REQUIRED**

7/14/99 561-231-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Des

Daytime Phone #

CR2E034 (5/99)