

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 515312

Entity Name: ROBERT L. LIKENS, M.D., P.A.

Current Principal Place of Business:

515 E. STATE RD 436
SUITE 1000
CASSELBERRY, FL 32707

Current Mailing Address:

515 E. STATE RD 436
SUITE 1000
CASSELBERRY, FL 32707

FEI Number: 59-1686572

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIKENS, ROBERT L. (M.D.)
515 E. STATE RD 436
STE 1000
CASSELBERRY, FL 32707 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, TREASURER
Name LIKENS, ROBERT L.
Address 515 E. STATE RD 436
SUITE 1000
City-State-Zip: CASSELBERRY FL 32707

Title DIRECTOR
Name HAYES, RICHARD R.
Address 515 E. STATE RD 436
SUITE 1000
City-State-Zip: CASSELBERRY FL 32707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT L. LIKENS, M.D.

PRESIDENT

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date