

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J31611

**Entity Name:** ROBERT E. KAROL, D.M.D, P.A.

**Current Principal Place of Business:**

2103 SAWGRASS VILLAGE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

2103 SAWGRASS VILLAGE  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 59-2710777

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLBROOK, H. LEON  
2301 INDEPENDENT SQUARE  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202 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 DP  
Name KAROL, ROBERT E.  
Address 2103 SAWGRASS VILLAGE  
City-State-Zip: PONTE VEDRA BEACH, FL 32082

*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 E KAROL

DENTIST

01/21/2020

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date