

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602608

1. Entity Name

TITUSVILLE FAMILY PRACTICE CENTER, P.A.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90046 024 ***150.00

Principal Place of Business

1849 MEDICAL DRIVE
TITUSVILLE FL 32796

Mailing Address

1849 MEDICAL DRIVE
TITUSVILLE FLA 32796-2123

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1312604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

OSMON, LEON H.
1849 MEDICAL DRIVE
TITUSVILLE, FL 32796

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	CARRILLO, O.P.	
STREET ADDRESS	1849 MEDICAL DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	OSMON, LEON H.	
STREET ADDRESS	1849 MEDICAL DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOODHOO, VICTOR R.	
STREET ADDRESS	1849 MEDICAL DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALFO, MARK S	
STREET ADDRESS	1849 MEDICAL DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALFO, ELIZABETH T	
STREET ADDRESS	1849 MEDICAL DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

LEON H. OSMON, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

321-267-1424

Daytime Phone #

CR2E034 (9/99)