

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:17

DOCUMENT # 519833 (8)

1. Corporation Name

AHMET O. GURSOY, M.D., P.A.

Principal Place of Business

**19 BALD EAGLE DR
MARCO ISLAND FL 33907**

2. Mailing Address

**19 BALD EAGLE DR
MARCO ISLAND FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

12/07/1976

3a. Date of Last Report

04/15/1994

4. FCI Number

36-2792050

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

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State, Apt. #, etc.

State, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GURSOY, AHMET O
19 BALD EAGLE DR
MARCO ISLAND FL 33907**

81 Name

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

83

84 City

FL

85 Zip Code

11. 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 of person making report or registered agent and the filer

Signature of Registered Agent (signature required after resolution)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101

PT

**GURSOY, AHMET O
19 BALD EAGLE DR
MARCO ISLAND, FL 00000**

111

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

102

S

**GURSOY, JOAN
19 BALD EAGLE DR
MARCO ISLAND, FL 00000**

211

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

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32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

411

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

511

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

611

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032, 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 registered agent or the person empowered to execute this report as required by Chapter 607, Florida Statutes. I appear on Block 12 or Block 13 or Block 14 or Block 15 or Block 16 or Block 17 or Block 18 or Block 19 or Block 20 or Block 21 or Block 22 or Block 23 or Block 24 or Block 25 or Block 26 or Block 27 or Block 28 or Block 29 or Block 30 or Block 31 or Block 32 or Block 33 or Block 34 or Block 35 or Block 36 or Block 37 or Block 38 or Block 39 or Block 40 or Block 41 or Block 42 or Block 43 or Block 44 or Block 45 or Block 46 or Block 47 or Block 48 or Block 49 or Block 50 or Block 51 or Block 52 or Block 53 or Block 54 or Block 55 or Block 56 or Block 57 or Block 58 or Block 59 or Block 60 or Block 61 or Block 62 or Block 63 or Block 64 or Block 65 or Block 66 or Block 67 or Block 68 or Block 69 or Block 70 or Block 71 or Block 72 or Block 73 or Block 74 or Block 75 or Block 76 or Block 77 or Block 78 or Block 79 or Block 80 or Block 81 or Block 82 or Block 83 or Block 84 or Block 85 or Block 86 or Block 87 or Block 88 or Block 89 or Block 90 or Block 91 or Block 92 or Block 93 or Block 94 or Block 95 or Block 96 or Block 97 or Block 98 or Block 99 or Block 100 or Block 101 or Block 102 or Block 103 or Block 104 or Block 105 or Block 106 or Block 107 or Block 108 or Block 109 or Block 110 or Block 111 or Block 112 or Block 113 or Block 114 or Block 115 or Block 116 or Block 117 or Block 118 or Block 119 or Block 120 or Block 121 or Block 122 or Block 123 or Block 124 or Block 125 or Block 126 or Block 127 or Block 128 or Block 129 or Block 130 or Block 131 or Block 132 or Block 133 or Block 134 or Block 135 or Block 136 or Block 137 or Block 138 or Block 139 or Block 140 or Block 141 or Block 142 or Block 143 or Block 144 or Block 145 or Block 146 or Block 147 or Block 148 or Block 149 or Block 150 or Block 151 or Block 152 or Block 153 or Block 154 or Block 155 or Block 156 or Block 157 or Block 158 or Block 159 or Block 160 or Block 161 or Block 162 or Block 163 or Block 164 or Block 165 or Block 166 or Block 167 or Block 168 or Block 169 or Block 170 or Block 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633 or Block 634 or Block 635 or Block 636 or Block 637 or Block 638 or Block 639 or Block 640 or Block 641 or Block 642 or Block 643 or Block 644 or Block 645 or Block 646 or Block 647 or Block 648 or Block 649 or Block 650 or Block 651 or Block 652 or Block 653 or Block 654 or Block 655 or Block 656 or Block 657 or Block 658 or Block 659 or Block 660 or Block 661 or Block 662 or Block 663 or Block 664 or Block 665 or Block 666 or Block 667 or Block 668 or Block 669 or Block 670 or Block 671 or Block 672 or Block 673 or Block 674 or Block 675 or Block 676 or Block 677 or Block 678 or Block 679 or Block 680 or Block 681 or Block 682 or Block 683 or Block 684 or Block 685 or Block 686 or Block 687 or Block 688 or Block 689 or Block 690 or Block 691 or Block 692 or Block 693 or Block 694 or Block 695 or Block 696 or Block 697 or Block 698 or Block 699 or Block 700 or Block 701 or Block 702 or Block 703 or Block 704 or Block 705 or Block 706 or Block 707 or Block 708 or Block 709 or Block 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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FILER OR DIRECTOR

Ahmet O. Gursoy, M.D., P.A. 1/21/95