

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 602449

(1)

1. Corporation Name

CORNELIO A. GOROSPE, M.D., P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 1:59

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

**3599 UNIVERSITY BLVD., SOUTH
SUITE 504
JACKSONVILLE FL 32216**

Mailing Address

**3599 UNIVERSITY BLVD., SOUTH
SUITE 504
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified
10/06/1970

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1301885

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**GOROSPE, CORNELIO A
3599 UNIVERSITY BLVD SUITE 504
JACKSONVILLE FL**

10. Name and Address of New Registered Agent

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: typed or printed name of registered agent and title if applicable

(If SE: Registered Agent, signature required after registration)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
P
NAME
GOROSPE, CORNELIO A.
STREET ADDRESS
3599 UNIVERSITY BLVD
CITY, ST, ZIP
JACKSONVILLE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information indicated on this present 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 incorporator, trustee or 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:

Cornelio A. Gorospe
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR
CORNELIO A. GOROSPE, MD

3/23/95 904-399-0451
(Date) (Signature Number)