

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90209 029 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **602608**

1. Corporation Name  
**TITUSVILLE FAMILY PRACTICE CENTER, P.A.**



Principal Place of Business  
**1849 MEDICAL DRIVE  
 TITUSVILLE FL 32796**

Mailing Address  
**1849 MEDICAL DRIVE  
 TITUSVILLE FL 32796**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified  
**12/30/1970**

4. FEI Number  
**59-1312604**

Applied For  
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 Zip Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARRILLO, O.P. 1849 MEDICAL DRIVE TITUSVILLE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD OSMON, LEON H. 1849 MEDICAL DRIVE TITUSVILLE FL	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BOODHOO, VICTOR R. 1849 MEDICAL DRIVE TITUSVILLE FL	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D GALFO, MARK S 1849 MEDICAL DR TITUSVILLE FL	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GALFO, ELIZABETH T 1849 MEDICAL DR TITUSVILLE FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 receiver or trustee 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

407-267-1424

Daytime Phone #

CR2E034 (1/98)