

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-05-2000 90046 024 \*\*\*150.00

**DOCUMENT # 602608**

1. Entity Name

**TITUSVILLE FAMILY PRACTICE CENTER, P.A.**

Principal Place of Business

Mailing Address

**1849 MEDICAL DRIVE  
 TITUSVILLE FL 32796**

**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

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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. *Leon H. Osmon* 4/25/00 321-267-1424  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)