

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F81288 (5)**

1. Corporation Name

**JOSEPH A. GURRI, M.D., P.A.**



Principal Place of Business

**1318 S. PINE STREET  
MELBOURNE FL 32901**

Mailing Address

**1318 S. PINE STREET  
MELBOURNE FL 32901**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., etc.

26

Suite, Apt., etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GURRI, JOSEPH A.  
1318 S. PINE ST.  
MELBOURNE FL 32901**

3. Date Incorporated or Qualified

**05/14/1982**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2188532**

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. 190.032,  
Florida Statutes ☐ Yes ☐ No

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

*Joseph A. Gurri*

NOTE: Registered Agent signature required when filing.

DATE

12. OFFICERS AND DIRECTORS

1.1

NAME

**D  
GURRI, JOSEPH A  
1318 S. PINE STREET  
MELBOURNE, FL 00000**

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

TITLE

**PST**

☐ DELETE

NAME

**GURRI, JOSEPH A  
1318 S. PINE STREET  
MELBOURNE, FL 00000**

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

TITLE

**PST**

☐ DELETE

NAME

**PST**

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

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NAME

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STREET ADDRESS

CITY, ST, ZIP

TITLE

**PST**

☐ DELETE

**SIGNATURE:**

*Joseph A. Gurri*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (12/95)