

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H11057

1. Entity Name
TODD M. HUSTY, D.O., P.A.



Principal Place of Business

**5690 S LAKE BURKETT LN
WINTER PARK, FL 32792**

Mailing Address

**5690 S LAKE BURKETT LN
WINTER PARK, FL 32792**

FILED
Feb 07, 2005 08:00 AM
Secretary of State



01312005 No Chg-P CR2E034 (10/03)

4. FCI Number
59-2459814

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

**HUSTY, TODD M., D.O.
5690 S LAKE BURKETT LN
WINTER PARK, FL 32792**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000218742
02/07/05-80077-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	HUSTY, TODD M., D.O.
STREET ADDRESS	5690 S. LAKE BURKETT LN.
CITY-ST-ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

Date

Daytime Phone #