

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L11871 (5)

1. Corporation Name

PEDRO MOSCOSO, M.D., P.A.



Principal Place of Business

818 SOUTH MAIN LANE
492 HARBOUR ISLAND ROAD
ORLANDO FL 32801
US

Mailing Address

C/O PEDRO MOSCOSO
492 HARBOUR ISLAND ROAD
ORLANDO FL 32809-3031

2. Principal Place of Business

21 Columbia Park Hosp Ori, FL

Suite, Apt. #, etc.

22 City & State

23 Orlando, FL

Zip

24 32801

Country

25 USA

2a. Mailing Address

26 P.O. Box 2107

Suite, Apt. #, etc.

27 City & State

28 Orlando, FL 32802

Zip

29 32802-2107

Country

30 USA

9. Name and Address of Current Registered Agent

MOSCOSO, PEDRO
492 HARBOUR ISLAND ROAD
ORLANDO FL

3. Date Incorporated or Qualified

08/28/1989

3a. Date of Last Report

07/06/1995

4. FEI Number

59-2964525

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
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

Signature typed or printed name of registered agent or other authorized officer

(Initials) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PST
MOSCOSO, PEDRO
492 HARBOUR ISLAND ROAD
ORLANDO FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MOSCOSO, PEDRO
492 HARBOUR ISLAND ROAD
ORLANDO FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

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(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 (407) 857-8520
Date Daytime Phone #

CR2E034 (12/95)