

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # L80663**

1. Corporation Name

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

Principal Place of Business

**101 RIVERFRONT BLVD  
150  
BRADENTON FL 34205  
US**

Mailing Address

**PO BOX 25266  
SARASOTA FL 34277-2266  
US**

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90139 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/11/1990**

4. FEI Number

**65-0201332**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 5650 GULF OF MEXICO DR**

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

**23 LONGBOAT KEY, FL**

Zip Country

**24 34228 25 US**

Suite, Apt. #, etc.

27 City & State

28 City & State

Zip Country

**29 30**

9. Name and Address of Current Registered Agent

**OSSORIO, JOSEPH M, MD., PA.  
101 RIVERFRONT BLVD  
150  
BRADENTON FL 35204**

10. Name and Address of New Registered Agent

81 Name

**OSSORIO, JOSEPH M, MD., PA.**

82 Street Address (P.O. Box Number is Not Acceptable)

**5650 GULF OF MEXICO DR**

83

84 City

**LONGBOAT KEY**

**FL**

85 Zip Code  
**34228**

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]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE **2/2/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **OSSARIO, JOSEPH M. MD**  
STREET ADDRESS **101 RIVERFRONT BLVD. ST150**  
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **OSSORIO, JOSEPH M. MD**  
1.3 STREET ADDRESS **5650 GULF OF MEXICO DR**  
1.4 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)