FILED
Mar 21, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L82812

1. Entity Name
BASIL D. FOSSUM, M.D., P.A.

Principal Place of Business	Mailing Address
914 B MAR WALT DRIVE FT. WALTON BEACH, FL 32547	914 B MAR WALT DRIVE FT. WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

03152005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3014004
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOSSUM, BASIL D. M.D. PA
914 B MAR WALT DRIVE
FORT WALTON BEACH, FL 32547

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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 _____ 15 Mar 05
Signature of filed 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

U00000271453
03/21/05-80043-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	DR
NAME	FOSSUM, BASIL D. M.D.
STREET ADDRESS	914-B MAR WALT DRIVE
CITY-ST-ZIP	FORT WALTON BCH, FL
TITLE	VP
NAME	FOSSUM, CHRISTINE A
STREET ADDRESS	914-B MAR WALT DR.
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
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: _____ 15 Mar 05 8508622555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #