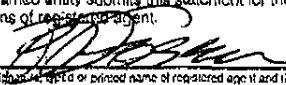


FROM : BERNIE COOK

FAX NO. : 863 647 5905

Mar. 15 2005 11:38AM P2

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 914 B MAR WALT DRIVE FT. WALTON BEACH, FL 32547		Mailing Address 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		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:  DATE: <u>Mar 05</u> Signature field or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
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 NAME STREET ADDRESS CITY-ST-ZIP		DR FOSSUM, BASIL D. M.D. 914-B MAR WALT DRIVE FORT WALTON BCH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP FOSSUM, CHRISTINE A 914-B MAR WALT DR. 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)(f), 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: 		1 Mar 05 8508622535	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Dayline Phone #	