

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90029 041 ***550.00

DOCUMENT # M86840

1. Entity Name

JOHN K. FUSSELMAN, O.D., P.A.



Principal Place of Business

458 PINEY CROFT LANE
MAITLAND, FL 32751

Mailing Address

458 PINEY CROFT LANE
MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

50065910



09062005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2898541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIVINGSTON, EDWARD M.
628 ELLEN DR.
WINTER PARK, FL 32790

**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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
FUSSELMAN, JOHN K O.D.
458 PINEY CROFT LANE
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
FUSSELMAN, JOHN K. O.D.
458 PINEY CROFT LANE
MAITLAND, FL 32751

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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 #