

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065233

1. Entity Name  
FOSSI HEALTH CENTER & WALK-IN CLINIC, M.D., P.A.

Principal Place of Business

175 HWY 17  
BARTOW FL 33830

Mailing Address

175 HWY 17  
BARTOW FL 33830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSSI, CARLOS

175 HWY 17  
BARTOW FL 33830

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FOSSI, CARLOS  
2305 CLEVELAND HEIGHTS  
LAKELAND FL 33803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1626 LAKEWOOD DR. NORTH  
LAKELAND, FL. 33813 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400004674704--D  
-11/13/01--01004--002  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/04/2001 (863) 804-0110

PS 172

FILED

01 OCT 16 PM 2:26

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

014621 SP

CR2E034 (5/01)

mw

PG 282

October 4, 2001

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: 2001 Uniform Business Report  
Fossi Health Center & Walk-In Clinic, MD, PA  
Letter Number: 001A00051144

Attention: Marquitta Williams, Document Specialist

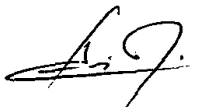
Ladies and Gentlemen:

Thank you for the information that you provided to me in your notice of September 12, 2001. As indicated in my earlier letter to you, I want very much to get this matter resolved so that my corporation can continue in existence. I trust that the information that I am providing herein will settle this matter for 2001. Again, if we can get 2001 taken care of, I will be aware of the filing requirement in future years and will respond by the May 1 deadline each year.

With respect to the 2001 report, I have no knowledge of having received a form for the May 1, 2001 filing—and I was not aware of the need to file this report (since this is my first year of operation) until my accountant called the belated 2001-report form to my attention in September, 2001.

If you will accept the enclosed report with the accompanying corporation check in the amount of \$150.00 for 2001 and keep the corporation in an active status, I will be most grateful. And, if I can provide additional information, please let me know.

Very respectfully,



Carlos E. Fossi, MD, President

Attachment

In. # 00000065233 PG 353

September 4, 2001

Department of State  
Division of Corporations  
Tallahassee, FL 32302

Re: 2001 Uniform Business Report  
Fossi Health Center & Walk-In Clinic, MD, PA

Gentlemen:

I enclose herewith the above-referenced report with a corporation check in the amount of \$150.00. I started this business last year and was not aware of the requirement to file this report by May 1, 2001. I have been struggling to get my medical practice started and do not have the business knowledge needed to keep up with all of the state and federal reports required of a corporation. However, I am trying to learn and will try to file all future reports on time.

The problem is exacerbated by the fact that I started out with an accountant who could not provide the help that I needed at fees that I could afford. The accountant who is assisting me now, called this oversight (failure to file the UBR) to my attention, so I am attempting to take care of the matter at this time.

At this point in time, whether or not the business will be successful is still indeterminate; consequently, I really cannot afford the \$550.00 filing fee. Therefore, I will be most grateful if you can waive the late filing penalty and accept the \$150.00 fee that was originally due. Any assistance that you can provide will be greatly appreciated.

Sincerely,



Carlos E. Fossi, MD, President