

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90011 021 ***150.00

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.

175 Hwy 17 N
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3656737

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FOSSI, CARLOS
 175 HWY 17
 BARTOW FL 33830**

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOSSI, CARLOS 1626 LAKEWOOD DR.NORTH LAKELAND FL 33813 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS E FOSSI M.D.

Date

Daytime Phone #

4/25/02 (863) 804-0110

CR2E034 (9/01)