

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90058 037 ***150.00

DOCUMENT # P04000097862

1. Entity Name
SUZANNE K. ZOSS, PH.D., P.A.



Principal Place of Business
4300 BAYOU BLVD STE 35
PENSACOLA, FL 32503

Mailing Address
4300 BAYOU BLVD STE 35
PENSACOLA, FL 32503

40000000



2. Principal Place of Business - No P.O. Box #
1115 WATSON AVE.

3. Mailing Address
1115 WATSON AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

4. FEI Number
20-1304323

Applied For
Not Applicable

Zip
32503

Country
ESCAMBIA

Zip
32503

Country
ESCAMBIA

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

6. Name and Address of Current Registered Agent

ZOSS, SUZANNE K
4300 BAYOU BLVD STE 35
PENSACOLA, FL 32503

7. Name and Address of New Registered Agent

Name
SUZANNE K. ZOSS
Street Address (P.O. Box Number is Not Acceptable)
1115 WATSON AVE.
City
PENSACOLA FL Zip Code
32503

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 Suzanne K. Zoss, SUZANNE K. ZOSS, PRESIDENT 3-16-07
Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	P ZOSS, SUZANNE K 4300 BAYOU BLVD STE 35 PENSACOLA, FL 32503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Suzanne K. Zoss, Ph.D. 1115 Watson Avenue Pensacola, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Suzanne K. Zoss, SUZANNE K. ZOSS 3-16-07 850-291-2568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #