

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 14 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000004493 (1)**

1. Corporation Name

**LEONARDO S. NASCA, JR., M.D., P.A.**

Principal Place of Business

**2493 BLUFFTON DR.  
JACKSONVILLE FL 32224**

Mailing Address

**2493 BLUFFTON DR.  
JACKSONVILLE FL 32224**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**01/14/1993**

3a. Date of Last Report

**04/04/1994**

4. FEI Number

**59-3166466**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability to Intangible tax under S. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

**21 299 South Roxae Blvd**

2a. Mailing Address

**26 299 South Roxae Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Ponte Vedra Beach FL**

City & State

**28 Ponte Vedra Beach FL**

Zip

**24 32082**

Country

**25 St. Johns**

Zip

**29 32082**

Country

**30 St. Johns**

9. Name and Address of Current Registered Agent

**NASCA, LEONARDO S JR  
2493 BLUFFTON DR  
JACKSONVILLE FL 32224**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Leonardo S. Nasca*

(NOTE: Registered Agent signature required when reappointing)

DATE

*April 12 1995*

12. OFFICERS AND DIRECTORS

|                 |                            |
|-----------------|----------------------------|
| TITLE           | <b>P</b>                   |
| NAME            | <b>NASCA, LEONARDO S</b>   |
| STREET ADDRESS  | <b>2493 BLUFFTON DRIVE</b> |
| CITY - ST - ZIP | <b>JACKSONVILLE FL</b>     |
| TITLE           | <b>S</b>                   |
| NAME            | <b>NASCA, SANDRA D</b>     |
| STREET ADDRESS  | <b>2493 BLUFFTON DRIVE</b> |
| CITY - ST - ZIP | <b>JACKSONVILLE FL</b>     |
| 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 |                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                   |
| 13 STREET ADDRESS  |                                                                   |
| 14 CITY - ST - ZIP |                                                                   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                                                                   |
| 23 STREET ADDRESS  |                                                                   |
| 24 CITY - ST - ZIP |                                                                   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                                                                   |
| 33 STREET ADDRESS  |                                                                   |
| 34 CITY - ST - ZIP |                                                                   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                                                                   |
| 43 STREET ADDRESS  |                                                                   |
| 44 CITY - ST - ZIP |                                                                   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |                                                                   |
| 53 STREET ADDRESS  |                                                                   |
| 54 CITY - ST - ZIP |                                                                   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |                                                                   |
| 63 STREET ADDRESS  |                                                                   |
| 64 CITY - ST - ZIP |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leonardo S. Nasca, Jr. MD, PA*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**Leonardo S. Nasca, Jr. MD, PA.**

*4/10/95*

DATE

*904-373-3141*

TELEPHONE NUMBER