

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000048012 (7)

1. Corporation Name

DR. JOSEPH IDICULA MD P.A.



Principal Place of Business

Mailing Address

~~11371 CORTEZ BLVD.~~ 10065 CORTEZ  
#105 BLVD.  
BROOKSVILLE FL 34613

~~11371 CORTEZ BLVD.~~ 10065 CORTEZ  
#105 BLVD.  
BROOKSVILLE FL 34613

3. Date Incorporated or Qualified  
07/01/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number  
59-3189719

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 for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

IDICULA, JOSEPH MD  
~~11371 CORTEZ BLVD.~~ #105 10065 CORTEZ BLVD  
BROOKSVILLE FL 34613

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when changing firm)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
IDICULA JOSEPH  
STREET ADDRESS  
6015 PATRICIA PLACE  
CITY-ST-ZIP  
SPRING HILL FL 34607

TITLE ☐ DELETE

NAME  
IDICULA AGNES  
STREET ADDRESS  
6015 PATRICIA PLACE  
CITY-ST-ZIP  
SPRING HILL FL 34607

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME

22 STREET ADDRESS

23 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME

42 STREET ADDRESS

43 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME

52 STREET ADDRESS

53 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME

62 STREET ADDRESS

63 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-596-0810

CR2E034 (12/95)