

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)


APPROVED
AND
FILED

1997 JUL 25 AM 11: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000073576 (8)**

1. Corporation Name
ANNE BOZZUTO, P.A.

Principal Place of Business

Mailing Address

**1529 MARGARET STREET
SUITE 1
JACKSONVILLE FL 32204
US**

**1529 MARGARET STREET
JACKSONVILLE FL 32204
US**

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

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

10/03/1994

08/12/1996

4. FEI Number

Applied For

59-3277826

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**BOZZUTO, ANNE
2263 OCEAN FOREST DR. WEST
ATLANTIC BEACH FL 32233-4569**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOZZUTO, ANNE	
STREET ADDRESS	2263 OCEAN FOREST DR. WEST	
CITY-ST-ZIP	ATLANTIC BEACH F	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600002258206--2
1.3 STREET ADDRESS	-08/05/97--01075--013
1.4 CITY-ST-ZIP	****165.00 ****165.00

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

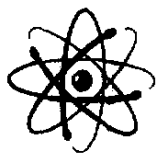
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E034 (4/97)

(2)



The Mind/Body Institute of Florida
1529 Margaret Street
Jacksonville, Florida 32204

*The Institute is dedicated to
strengthening the spirit
and transforming
the practice of
modern health care.*

EXECUTIVE DIRECTOR
PUBLISHER ÆSCULAPIUS
Anne Bozzuto, R.N., BSN, MA

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NURSE MANAGER
Maryann Douglass, R.N.

SERVICES OFFERED

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Lifestyle
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Healing Touch
Herbal Remedies
Homeopathic Therapeutics
Hypnotherapy
Massage
Medical Psychotherapy
Music Therapy
Nutritional Assessment &
Therapy
Osteopathic Manipulation
Pain Management
Physical Therapy
Reiki
Reflexology
Therapeutic Ultrasound
Traditional Chinese Medicine
Integrative Medical Education
Program Development
Consulting

July 18, 1997

Florida Department of State
Sandra B. Mortham
Secretary of State
Divisions of Corporations

Dear Ms. Mortham,

I received a second notice statement for my corporation annual report. This is the first notice that I am aware of from the state. I called a representative who advised me to send in this letter with the original payment (7/18/97) in hopes that you will believe me to be honest and telling the truth. She informed me that the payment was due on May 1st and it was \$165.00. I would never have delayed the payment this long. She informed me that I was late before, but I believed that I was paying on time. This is confusing to me.

I hope you can find it possible to accept the original filing fee, I can not afford the \$550.00.

Thank you.

Sincerely,

Anne Bozzuto, R.N., BSN, MA