

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001843

1. Entity Name

OSLER MEDICAL, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90068 044 ***150.00

Principal Place of Business

930 SOUTH HARBOR CITY BLVD.
MELBOURNE FL 32901

Mailing Address

930 SOUTH HARBOR CITY BLVD.
MELBOURNE FL 32901-1963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3297304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL INC
309 N ORANGE AVE SUITE 1100
3RD FLOOR
ORLANDO FL 32801

Name

MARTIN A. LENOCI, DPM

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

930 S. HARBOR CITY BLVD

City

MELBOURNE

FL

Zip Code

32901

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POCOSKI, DAVID J	
STREET ADDRESS	930 S HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LESSER, MICHAEL F	
STREET ADDRESS	930 S HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	KORETSKY, PETER A	
STREET ADDRESS	930 S HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, ROBERT S	
STREET ADDRESS	930 S HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZAVITSANOS, JAMES P	
STREET ADDRESS	930 S HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ATKINSON, ANDREW M	
STREET ADDRESS	930 S HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID SHAPIRO, M.D.	
STREET ADDRESS	930 S. HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN A. LENOCI, DPM	
STREET ADDRESS	930 S. HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH A. WASSELLE, M.D.	
STREET ADDRESS	930 S. HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)