

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90029 002 \*\*\*158.75

DOCUMENT # P95000097134

1. Corporation Name

CITRUS BONE & JOINT SPECIALISTS, P.A.

Principal Place of Business

534 N. LECANTO HIGHWAY  
LECANTO FL 34461-8547

Mailing Address

534 N. LECANTO HIGHWAY  
LECANTO FL 34461-8547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1995

4. FEI Number

59-3351572

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 owes the current year Intangible  
Personal Property Tax.



Yes ☐ No

2. Principal Place of Business

21 3264 W. AUDUBON PARK

26. Mailing Address

26 3264 W. AUDUBON PARK

Suite, Apt. #, etc.

22 PATH

Suite, Apt. #, etc.

27 PATH

City & State

23 LECANTO FL

City & State

28 LECANTO FL

Zip

Country

24 34461

25

Zip

Country

29 34461

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUCH, RICHARD CRANE  
534 N. LECANTO HIGHWAY  
LECANTO FL 34461-8547

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

Kathleen Cronin Sec + TREAS.

3/1/99

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 DP ☐ DELETE

NAME COUCH, RICHARD CRANE D.O.  
STREET ADDRESS 534 N. LECANTO HIGHWAY  
CITY-ST-ZIP LECANTO FL 34461-8547

TITLE ST ☐ DELETE

NAME COUCH, KATHLEEN C D.O.  
STREET ADDRESS 534 N. LECANTO HIGHWAY  
CITY-ST-ZIP LECANTO FL

TITLE VP ☐ DELETE

NAME COUCH, RICHARD M D.O.  
STREET ADDRESS 534 N. LECANTO HIGHWAY  
CITY-ST-ZIP LECANTO FL

TITLE AT ☐ DELETE

NAME COUCH, CATHARINE C  
STREET ADDRESS 534 N. LECANTO HIGHWAY  
CITY-ST-ZIP LECANTO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Kathleen Cronin Sec + Treas 3/1/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)