

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000097134

1. Entity Name
CITRUS BONE & JOINT SPECIALISTS, P.A.



Principal Place of Business
**3264 W. AUDUBON PARK
PATH
LECANTO, FL 34461-8547**

Mailing Address
**3264 W. AUDUBON PARK
PATH
LECANTO, FL 34461-8547**



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3351572

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COUCH, RICHARD CRANE
3264 W AUDUBON PK PATH
LECANTO, FL 34461-8547**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$650.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000844045
03/12/08-80019-022 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COUCH, RICHARD CRANE D.O.
STREET ADDRESS	3264 W AUDUBON PK PATH
CITY-ST-ZIP	LECANTO, FL 344618547
TITLE	ST
NAME	COUCH, KATHLEEN C D.O.
STREET ADDRESS	3264 W AUDUBON PK PATH
CITY-ST-ZIP	LECANTO, FL 344618547
TITLE	AT
NAME	COUCH, CATHARINE C
STREET ADDRESS	3264 W AUDUBON PK PATH
CITY-ST-ZIP	LECANTO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

K. Couch *Kathleen C Couch* *2/26/08* *352* *746 0654*

Date

Daytime Phone #