

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90166 013 ***150.00

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1. Entity Name
CITRUS SURGICAL ASSOCIATES, P.A.



Principal Place of Business
**213 SOUTH PINE AVE
INVERNESS FL 34452**

Mailing Address
**P O BOX 2786
INVERNESS FL 34951-2786
US**

2. Principal Place of Business
**112 W HIGHLAND
Suite, Apt. #, etc. BLVD**

3. Mailing Address
**PO BOX 15063
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State
INVERNESS FL

City & State
BROOKSVILLE FL

4. FEI Number
59-3452637

Applied For
☐ Not Applicable

Zip
34452 Country
USA

Zip
34604 Country
USA

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

**KOKOCKI, STANLEY P
213 SOUTH PINE AVE
INVERNESS FL 34452**

Name
J.T. PALMIERI
Street Address (P.O. Box Number is Not Acceptable)
2485 DOTHAN AVE
City
SPRING HILL FL Zip Code
34609

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 J.T. Palmieri **JT PALMIERI** DATE **4/3/03**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOKOCKI, STANLEY P MD 213 SOUTH PINE AVE INVERNESS FL 34452	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOKOCKI, STANLEY P MD 112 W HIGHLAND BLVD INVERNESS FL 34452	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley P Kokocki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/4/03**

Daytime Phone #

CR2E034 (10/02)