

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000091557

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** MARY LEE JOSEY, M.D., P.A.

**Current Principal Place of Business:**

508 SOUTH HABANA AVE  
SUITE 350  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

508 SOUTH HABANA AVE  
SUITE 350  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-3475701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOGUE, PHYLLIS C  
19114 WHITE WING PLACE  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

JOSEY, WILLIAM S ESQ.  
1001 EAST PALM AVENUE  
TAMPA, FL 33605 US

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: WILLIAM S. JOSEY, ESQ.

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: JOSEY, MARY LEE  
Address: 508 SOUTH HABANA AVE  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY LEE JOSEY

MD

04/27/2011

Electronic Signature of Signing Officer or Director

Date