

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000051097

1. Entity Name

TOD FUSIA, M.D., P.A.



**FILED**  
**Sep 02, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

2822 VIRGINIA AVE  
TAMPA FL 33607  
US

Mailing Address

3903 NORTHDAL BLVD  
SUITE 100W  
TAMPA FL 33624  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3579574

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

2nd MOORE CR2E034 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLER WHITE BOGGS BANKER  
501 EAST KENNEDY BLVD  
SUITE 1700  
TAMPA FL 33602

Name

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

City

FL

Zip Code

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 \$550.00**

**DUE BY September 3, 2008**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 P ☐ Delete  
NAME FUSIA, TOD J MD  
STREET ADDRESS 2822 VIRGINIA AVE  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000958720  
CITY-ST-ZIP 09/02/08-80003-024 550.00

TITLE VP ☐ Delete  
NAME FUSIA, TOD J MD  
STREET ADDRESS 2822 VIRGINIA AVE  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SEC ☐ Delete  
NAME FUSIA, TOD J MD  
STREET ADDRESS 2822 VIRGINIA AVE  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TRES ☐ Delete  
NAME FUSIA, TOD J MD  
STREET ADDRESS 2822 VIRGINIA AVE  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

08/20/08