

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90237 038 \*\*\*150.00

**DOCUMENT # V44741**

1. Entity Name

LEE PLETTS GOSCIN, M.D., PH.D., P.A.



Principal Place of Business

11465 ULMERTON RD  
LARGO, FL 33778 US

Mailing Address

4598 CLEARWATER HARBOR DRIVE SOUTH  
LARGO, FL 33770 US

20043963



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0321667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GOSCIN, LEE PLETTS  
4598 CLEARWATER HARBOR DR SOUTH  
LARGO, FL 33770

**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

*LEE PLETTS GOSCIN Lee Pletts Goscin*

*4/20/05*

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GOSCIN, LEE PLETTS
STREET ADDRESS	114 ULMERTON RD
CITY - ST - ZIP	LARGO, FL 33778
TITLE	GOSCIN, LEE PLETTS
NAME	10225 ULMERTON RD. Ste 7A
STREET ADDRESS	LARGO, FL 33771
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lee Pletts Goscin*  
LEE PLETTS GOSCIN

Date

Daytime Phone #

*4/20/05 1275422930*