

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90128 026 \*\*\*150.00

0494736 AV

**DOCUMENT # V44741**

1. Entity Name  
**LEE PLETTS GOSCIN, M.D., PH.D., P.A.**



Principal Place of Business  
**4598 CLEARWATER HARBOR DRIVE SOUTH  
LARGO FL 33770  
US**

Mailing Address  
**4598 CLEARWATER HARBOR DRIVE SOUTH  
LARGO FL 33770  
US**



2. Principal Place of Business  
**11465 ULMERTON RD**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**LARGO**  
Zip  
**33770**

City & State  
Zip  
Country

4. FEI Number **65-0321667**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

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

**7. Name and Address of New Registered Agent**

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

*Lee Pletts Goscin*

**4/30/03**

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, 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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GOSCIN, LEE PLETTS 114 ULMERTON RD LARGO FL 33778</b>	<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		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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
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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:**

*Lee Pletts Goscin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03 727/5422930**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment

LEE ALICE GOSCIN-PENNY M.D.PhD.

90133975

PO Box 1691

Largo FL 33779

Phone 727-581-0915

REC. V4474

5/8/03

To Whom it may concern,

I have just been released from Morton Plant Hospital. I had started a new secretary late in April. Unfortunately when I took ill April 30<sup>th</sup>, this detail was overlooked as I was admitted emergently to Morton Plant.

I am one of those doctors with some health problems limiting my ability to earn income, enough to pay the high malpractice premiums. (Fortunately I have no occurrences.)

I hope and pray that you waive the late penalty in this <sup>unusual</sup> case.

Sincerely,

Lee Allen