


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90064 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 471306

1. Corporation Name
LADD & KATZ, D.P.M., P.A.

Principal Place of Business 1800 CORTEZ RD. W BRADENTON FL 34207-0098	Mailing Address 1800 CORTEZ RD. W BRADENTON FL 34207-0098
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 03/03/1975	
4. FEI Number 59-1575766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PROVENCHER, MARGARET
 1800 CORTEZ RD W
 BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, ALAN F	1.2 NAME	
STREET ADDRESS	1800 CORTEZ RD W	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKUN, RICHARD N	2.2 NAME	P/D BERKUN, Richard N
STREET ADDRESS	1800 CORTEZ RD W	2.3 STREET ADDRESS	1800 CORTEZ Rd W
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	BRADENTON FL 34207
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDISON, CHRISTOPHER J	3.2 NAME	S/T/D Addison, Christopher J
STREET ADDRESS	1800 CORTEZ RD., W	3.3 STREET ADDRESS	1800 CORTEZ Rd W
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	BRADENTON FL 34207
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, ROBERT D	4.2 NAME	V/D KATZ, Robert D
STREET ADDRESS	1800 CORTEZ RD W	4.3 STREET ADDRESS	1800 CORTEZ Rd W
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	BRADENTON FL 34207
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDINGER, PHILIP J	5.2 NAME	D Baldinger, Philip J
STREET ADDRESS	1800 CORTEZ RD W	5.3 STREET ADDRESS	1800 CORTEZ Rd W
CITY-ST-ZIP	BRADENTON FL 34207	5.4 CITY-ST-ZIP	BRADENTON FL 34207
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard N Berkun 2/25/99 (941) 758-8818
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)