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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 602497

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JOSEPH A. EZZO, M.D., P.A.

SIGNATURE:

FILED Apr 02 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address		1 (50)(6 9)(1) \$5149 3301 61615 10411 1051 41511 \$1511 61611 51611 61611 61611		
2105 TYRONE BOULEVARD ST PETERSBURG FL 39710		2105 TYRONE BOULEVARD ST PETERSBURG FL 33710-4023				
				3. Date Incorporated or Qualified 11/01/1970	3a. Date of Last R 01/24/1996	eport
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number	L A	oplied For
1		26		59-1304984	~~~~~ <del>~~~</del>	ot Applicable
Suite, Apt. #, e 2	te	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & State	- AMAGE	City & State		6. Election Campaign Financing		May Be
<u>3</u>   - <i>Z</i> Ip	Country	<b>28</b> Zip	Country	Trust Fund Contribution		to Fees
4	25	29	30	This corporation has liability for Florida Statutes	r inlangible tax under s	. 199.032,
	). Name and Address of Curi		1001	10. Name and Address of New R		
EZZO,JC	SEPH A		81 Name			
	RONE BLVD	•	B2 Street Add	ress (P.O. Box Number is Not Accepta	able)	
	RSBURG FL 33710		oli oci radi	Leave to the state of the state	20107	
			83			
			84 City		AE 710	Code
			84 City		FL 85 Zip	Code
11. Pursuant to the	e provisions of Sections 607,0	502 and 607 1508, Florida Statut	tes, the above-named corp	poration submits this statement for the tidn's board of directors. I hereby according	purpose of changing i	ls registere
office or regis	itered agent, or both, in the Sta imit ar with, and accept the ob-	ate of Florida. Such change was ligations of, Section 607.0505, Fl	authorized by the corporal orida Statutes.	ition's board of directors. I hereby acco	ept the appointment as	registered
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	iture, fyued or printed name of tegistered	agent and lefe if applicable (NOT	E. Registered Agent signature requi	red when rainstating)	DATE	
Sign.		agent and Min if applicable (NOT AND DIRECTORS	E Registered Agent signature requi	res when reinstating)  ADDITIONS/CHANGES TO OFF		RS IN 12
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