

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shedra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K79157** (9)

1. Corporation Name

JOSEPH F. MAZZA, JR., M.D., P.A.



Principal Place of Business

**12640 CREEKSIDE LANE
4040 EVANS AVENUE #310
FORT MYERS FL 33919
US**

Mailing Address

**12640 CREEKSIDE LANE
4040 EVANS AVENUE #310
FORT MYERS FL 33919
US**

3. Date Incorporated or Qualified
04/05/1989

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

21 **12640 Creekside Lane**

2a. Mailing Address

26 **12640 Creekside Lane**

4. FEI Number
65-0125203

Applied For
Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 **Ft. Myers, FL**

City & State

28 **Ft. Myers, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

Zip

24 **33919**

Country

25 **USA**

Zip

29 **33919**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAZZA, JOSEPH F., JR
12640 CREEKSIDE LANE
#310
FT. MYERS FL 33919**

81 Name **Joseph F. Mazza Jr.**

82 Street Address (P.O. Box Number is Not Applicable)
12640 Creekside Lane

83

84 City **Ft. Myers**

FL

85 Zip Code **33919**

11. Pursuant to the provisions of Sections 607.0502 and 607.1104, 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

Signature of Registered Agent (if different from the corporation)

Signature of New Registered Agent (if different from the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or its 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, unchanged, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 941-482-7676
Date Filed: 02/08/1995

CR2E034 (12/95)