

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 541352 (1)

1. Corporation Name

WILLIAM F. MALZONE, M.D., P.A.



Principal Place of Business

1506 S. FLORIDA AVE. (33803)
P.O. BOX 2247
LAKELAND FL 33806-9247

Mailing Address

1506 S. FLORIDA AVE. (33803)
P.O. BOX 2247
LAKELAND FL 33806-9247

3. Date Incorporated or Qualified
07/18/1977

3a. Date of Last Report
06/22/1995

2. Principal Place of Business

21 1405 CRYSTAL LAKE DR

2a. Mailing Address

26 1405 CRYSTAL LAKE DR

4. FEI Number
59-1756735

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
LAKELAND FL

28 City & State
LAKELAND FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
33801

Country

29 Zip
33801

Country

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

MALZONE, WILLIAM F
1405 CRYSTAL LAKE DR
LAKELAND FL 33801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, last, first, middle name, of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MALZONE, WILLIAM F
STREET ADDRESS 1405 CRYSTAL LK DR
CITY- ST- ZIP LAKELAND FL

☐ DELETE

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/96 (941) 284 5167

CR2E034 (12/95)