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

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT # 583079**

(9)

1. Corporation Name

IMMES S DOLLACK MAD DA

ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 3. Date Incorporated or Qualified 08/22/1978 3a. Date of Last Report 04/28/1995 2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 City & State City & State 28 City & State 29 Country ST. PETERSBURG FL 33707 4. FEI Number 59-1858631 Not Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be Added to Fees Added to Fees	Principal Place of Business Mailing Address 1609 PASADENA AVE. S. 1609 PASADENA AVE. S.											
2. Month 2.	SUITE 3A ST. PETERSBURG FL 33707			SUITE 3A ST. PETERSBURG FL 33707								
Suite, Apr. F. etc. 27 28 Chy & State Sharp and Address of Current Registered Agent To, Name and Address of New Registered Agent To, Name and Addr		ace of Business		, Mailing Address		_		4, FEI Number	Uije	\Box	Applied For	
City & State Country 28 28 29 29 20 20 20 20 20 20				Suite, Apt. #, etc.					\$8.75 Additional			
25 29 30 30 Ferrias Statutes 25 50 No.)		-						\$5.0	10 May Be	
POLLACK, JAMES S., M.D. 1609 PASADENA AVE. S. ST. PETERSBURG FL 33707 82 Street Address P.O. Box Number is Not Acceptable)	Zip 24	25 29			⊢ ¬ ′			Florida Statutes 🔀 Yes 🗌 No				
POLLACK, JAMES S., M.D. 1609 PASADENA AVE. S. ST. PETERSBURG FL 33707 84		g. Name and Address of Curre	nt Regis	tered Agent		124		10. Name and Address of New R	egistered Age	ent		
ST. PETERSRURG FL 33707 84	POLLACI	L IVILLO O MID				81	Name					
ST. PETERSRURG FL 33707 83						82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)			
B4						83	 					
The Pursuant to the provisions of Sections EX7.0502 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 Forida. Such change was surhorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the objigations of, Section 607.0505, finded Statutes. SIGNATURE System, and accept the objigations of, Section 607.0505, finded Statutes. POPE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. If If I I I I I I I I I I I I I I I I	····	210000110 6 00.51					<u> </u>				V-1	
1.1. Persuant to the provisions of Sections (507.0502 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 unbringed by the corporation's board of dectors. I hereby accept the appointment as registered agent. I am formalist with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE						84	City		FL	15 Zij	p Code	
12.	or registere familiar wit SIGNATURE _	ed agent, or both, in the State of Flori th, and accept the obligations of, Sec	rida. Such ction 607.(h change was authorizi .0505, Florida Statutes	zed by the o	corpo	oration's board	rd of directors. I hereby accept the appo	ointment as reg	ng its r istered	registered office i agent. I am	
Title	····					J Agent	I signature required			PECTO	NDQ INI 12	
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95 813-341-0300 Date Daytime Prome #