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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

594423

(6)

GARY A. ZAMORE, M.D., P.A.

FILED

Jan 22 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address	
2919 SWANN AVENUE STE 203	2919 SWANN AVENUE STE 203	

2919 SWANN AVENUE STE 203 2919 SWANN AVENUE STE 203 TAMPA FL 33609 TAMPA FL 33609				DO NOT UPOTE	INTT !!!	D40E						
						DO NOT WRITE	IN THIS S	PACE.				
								3. Date Incorporated or Qualified				
6 Principal D	lace of Business		Las Mallis	- Add	···			11/28/1978				
_ `	IACE OF BUSINESS		2a. Mailin	g Address				4. FEI Number			pplied For	
21 Suite Ant	# etc		26 Suito	Ant # etc				59-1861418		 -	ot Applicable	
Suite, Apt. #, etc.			27 Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	θ		City &	State				6. Election Campaign Financing		\$5.00	May Be	
23	<u> </u>		28		···			Trust Fund Contribution			to Fees	
Zip		Country	Zip		Count	ry		8. This corporation owes or has paid	d the curre	ent year In	tangible	
24	25		29		30			Personal Property Tax due June			N₀	
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent				
	More, gary a.				8	۱۱ ۱	Vame					
2919 SWANN AVENUE					8:	2 5	Street Addr	ress (P.O. Box Number is Not Acceptable	le)			
SUI	TE 203											
TAN	MPA, FL. FL				8:	3				<u> </u>		
	•				84	4 (City		FI	85 Zip	Code	
11. Pursuant t	to the provisions of	of Sections 607.0502	and 607.1508	. Florida Statut	es, the abo	ve-n	amed core	poration submits this statement for the pu	irnose of	hanging i	ts registered	
Office or re	egi ste rea agent, c	or both, in the State on accept the obligat	l Florida, Sucl	h change was a	authorized b	ov th	e corporati	ion's board of directors. I hereby accept	t the appo	intment as	registered	
	n watera well, at	ia accept the obligat	ona or, aectto	iii domada, rik	JIIOA SIAIUIE	55.						
SIGNATURE	Signature, typed or pred	led name of registered agent	and like if applicab	ole (NOT	E Registered A	gent s	ignature require	ed when reinstating)	DATE			
12.		OFFICERS AND		1.00	13.		\$ require	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12	
TITLE	Р			DELETE	1.1 TITLE					Change	Addition	
NAME	ZAMORE, GA	RY A.			1.2 NAME					J		
STREET ADDRESS		AVENUE STE 203	3		1.3 STREE		DRESS					
CITY-\$T-ZIP	TAMPA FL 33		-		1.4 CITY-							
TITLE				DELETE	2.1 TITLE				Г	Change	Addition	
NAME					2.2 NAME				-		_	
STREET ADDRESS					2.3 STREE		DRESS	÷ _,	٠.,		ļ	
CITY-ST-ZIP					2. 4 CITY							
TITLE				DELETE	3 1 TITLE	U. L			Ī	Change	Addition	
NAME					3.2 NAME		ŀ		_			
STREET ADDRESS					3.3 STREE		DRESS					
CITY-ST-ZIP					3.4. CITY -							
TITLE				DELETÉ	4.1 THTLE	U1-1	" 			Change	Addition	
NAME				-	4. 2 NAME		1		_	9*		
STREET ADDRESS					4.3 STREE		DRESS					
CITY-ST-ZIP					4.4 CITY-							
TITLE				DELETE	5.1 TITLE	31-21	" - -		Г	Change	Addition	
NAME					5.2 NAME							
STREET ADDRESS					5.3 STREE		DRESS					
CITY-ST-ZIP					5.4 CITY-							
TITLE				DELETÉ	6.1 TITLE	SI - ZII	r		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME				beeri	6.2 NAME				L	_ cilang€	LI AQUIIION	
STREET ADDRESS	•					1.155						
CITY ST- 2IP					6.3 STREE							

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 recoiver 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.

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