

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:47

DOCUMENT # 600468 (3)
1. Corporation Name
MASSARI OTOLARYNGOLOGY P.A.

Principal Place of Business Mailing Address
3527 1ST AVE S. ST PETERSBURG FL 33711 **3527 1ST AVE S. ST PETERSBURG FL 33711**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/26/1968** 3a. Date of Last Report **02/22/1994**

2. Principal Place of Business 2a. Mailing Address
21 **2191 9th Ave. No.** 26 **2191 9th Ave. No.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#270** 27 **#270**
City & State City & State
23 **St. Petersburg, FL** 28 **St. Petersburg, FL**
Zip Country Zip Country
24 **33713** 25 **Pinellas** 29 **33713** 30 **Pinellas**

4. FEI Number **59-1220632** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199(1)(2) Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MASSARI, FRANKLIN S
3527 1ST AVE. SOUTH
ST PETERSBURG FL**

10. Name and Address of New Registered Agent
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 of individual holder of registered office and the registered agent

Signature of Registered Agent (signature required when substituting)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MASSARI, FRANKLIN S
STREET ADDRESS	3527 1ST AVENUE SOUTH
CITY, ST, ZIP	ST PETERSBURG FL
TITLE	VD
NAME	MALLETTE, WILLIAM F
STREET ADDRESS	500 7TH STREET SOUTH
CITY, ST, ZIP	ST PETERSBURG FL
TITLE	SD
NAME	WEISS, EDWARD B
STREET ADDRESS	3843 FIRST AVE NORTH
CITY, ST, ZIP	ST PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN C)

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2191 9th Avenue North #270
14 CITY, ST, ZIP	St. Petersburg, FL 33713
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199(1)(2)(b), 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 it were made by me. 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:

Massari
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

215-95 873-3277611