

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 602497 (0)

1. Corporation Name
JOSEPH A. EZZO, M.D., P.A.



Principal Place of Business
2105 TYRONE BOULEVARD
ST PETERSBURG FL 33710

Mailing Address
2105 TYRONE BOULEVARD
ST PETERSBURG FL 33710

3. Date Incorporated or Qualified 11/01/1970
3a. Date of Last Report 02/14/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1304984	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

EZZO, JOSEPH A
2105 TYRONE BLVD
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>PD EZZO, JOSEPH A 2105 TYRONE BLVD. ST PETERSBURG FL D</p> <p>RUSH, JOSEPH 7TH AVE. N. & TYRONE ST PETERSBURG FL D</p> <p>BARKER, ARTHUR J 2105 TYRONE BLVD. ST PETERSBURG FL T</p> <p>BARKER, ARTHUR J 2105 TYRONE BLVD. ST PETERSBURG FL T</p> <p>EZZO, HELEN J. 5380 JOE'S CREEK DR. N. ST PETERSBURG FL T</p>	<p>1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2. 1 NAME</p> <p>3. 1 STREET ADDRESS</p> <p>4. 1 CITY - ST - ZIP</p> <p>5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6. 1 NAME</p> <p>7. 1 STREET ADDRESS</p> <p>8. 1 CITY - ST - ZIP</p> <p>9. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>10. 1 NAME</p> <p>11. 1 STREET ADDRESS</p> <p>12. 1 CITY - ST - ZIP</p> <p>13. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>14. 1 NAME</p> <p>15. 1 STREET ADDRESS</p> <p>16. 1 CITY - ST - ZIP</p> <p>17. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>18. 1 NAME</p> <p>19. 1 STREET ADDRESS</p> <p>20. 1 CITY - ST - ZIP</p>

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 119.07(3)(k), 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 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

Date

Daytime Phone #

CR2E034 (12/95)