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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 655332

(5)

ANDRE L. LAZ, M.D., P.A.

**FILED** Mar 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address											
201 EIGHTH ST SOUTH SUITE 204 NAPLES FL 33940-34102			201 EIGHTH ST SOUTH SUITE 304 NAPLES FL <del>23040-</del> 34102			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/01/1980					
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	丁	Applied For			
21			26			59-1976154		Not Applicable			
Suite, Apl. #, etc.			Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional see Required		
City & State			City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be dded to Fees			
24	Zip	Country 25	Zip 29	30	Country 30		This corporation owes or has paid the cur     Personal Property Tax due June 30.	rent ye Yes			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
	LAZ, ANDRE L				61	Name					
201 EIGHTH ST SOUTH SUITE 304					82	Street Ac	et Address (P.O. Box Number is Not Acceptable)				
	•	34102			83						
					84	City	FL	85	Zip Code		
11	<ul> <li>Pursuant to the provision office or registered against a familiar with a provision of the provi</li></ul>	ent, or both, in the St	ate of Florida. Such c	hange was authoriz	ed by	the corpo	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	chang ointme	ging its registered ant as registered		

SIGNATURE			
		Registered Agent signature	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>DP</b> DELETE	1.1 TITLE	Change Addition
NAME	LAZ, ANDRE L	1.2 NAME	
STREET ADDRESS	201 8TH ST SOUTH, 304	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	1.4 City - St - ZiP	
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	<b>₫</b>
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	·
STREET ADDRESS		3 3 STREET ADDRESS	]
CITY-S1-ZIP		3.4. CITY-ST-2IP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	•
STREET ADDRESS		4.3 STREET ADDRESS	·
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
KAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - CT - 7ID		6.4 CITY - CT - 710	

14. Thereby 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 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:

941-263-2808