

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:08

DOCUMENT # 658037 (7)

1. Corporation Name
LOUIS LANG, III, D.O., P.A.

Principal Place of Business Mailing Address
7950 66TH STREET N. 7950 66TH STREET N.
PINELLAS PARK FL 34665 PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/05/1980 3a. Date of Last Report 03/16/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26	2205 McMULLEN BOOTH RD.	59-1895432		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27				<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28	CLEARWATER, FLA			<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 180.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29	34619	PINELLAS			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANG, LOUIS, III, D.O., P.A.
7950 66TH STREET N.
PINELLAS PARK FL 34665

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 typed or printed name of registered agent and title if applicable.

(#01): Registered Agent signature (insert when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, LOUIS D.O.	12 NAME	
STREET ADDRESS	7950 66TH ST. N.	13 STREET ADDRESS	2205 McMULLEN BOOTH RD.
CITY- ST- ZIP	PINELLAS PARK FL	14 CITY- ST- ZIP	CLEARWATER, FLA. 34619
TITLE	SD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, MARIE, D.O.	22 NAME	
STREET ADDRESS	7950 66TH ST. N.	23 STREET ADDRESS	2205 McMULLEN BOOTH RD.
CITY- ST- ZIP	PINELLAS PARK FL	24 CITY- ST- ZIP	CLEARWATER, FLA. 34619
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(3)(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 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: Marie Lang, DO MARIE LANG, DO 1/20/95 813-799-798
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR