FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **658037** **(7)**

1. Corporation Name

LOUIS LANG, III, D.O., P.A.

Principal Place of Business	Mailing Address
7950 66TH STREET N. PINELLAS PARK FL 34665 US PHOENIX, AZ	2205 MCMULLEN BOOTH RD CLEARWATER FL 34619 US 18809 N. 92nd WAY SCOTTSDALE, AZ 85255

3. Date Incorporated or Qualified: **03/05/1980**
3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-1995432** ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LANG, LOUIS, III, D.O., P.A.
7950 66TH STREET N.
PINELLAS PARK FL 34665
18809 N. 92nd WAY
SCOTTSDALE, AZ 85255

10. Name and Address of New Registered Agent

81 Name: TIM DAILY, C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2555 ENTERPRISE Rd. - Suite 10
83
84 City: CLEARWATER FL 85 Zip Code: 34623

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: TIMOTHY C. DAILY — Timothy C. Daily CPA — 3-20-96
Signature for the Corporation — Title — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LANG, LOUIS D.O.		12 NAME		
STREET ADDRESS	2205 MCMULLEN BOOTH RD		13 STREET ADDRESS	18809 N. 92nd WAY	
CITY-ST-ZIP	CLEARWATER FL		14 CITY-ST-ZIP	SCOTTSDALE, AZ 85255	
TITLE	SD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	LANG, MARIE, D.O.		22 NAME		
STREET ADDRESS	2205 MCMULLEN BOOTH RD		23 STREET ADDRESS	18809 N. 92nd WAY	
CITY-ST-ZIP	CLEARWATER FL		24 CITY-ST-ZIP	SCOTTSDALE AZ 85255	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS	# Reg by Bank 200	
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemptions 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: Marie Lang, DO — 3/1/96 — 602-502-5073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
MARIE LANG, D.O. — SC 3-25-96

CR2E034 (12/95)