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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **697711** **(0)**

1. Corporation Name
MARK A. ZAGER, M.D., P.A.

Principal Place of Business
% PACKMAN, NEUWAHL & ROSENBERG
1500 SAN REMO AVE., #125
CORAL GABLES FL 33146

Mailing Address
% PACKMAN, NEUWAHL & ROSENBERG
1500 SAN REMO AVE., #125
CORAL GABLES FL 33146-3049

3. Date Incorporated or Qualified: **07/31/1981**
3a. Date of Last Report: **08/05/1996**

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: **59-2120213** ☐ 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

ATRIUM REGISTERED AGENTS, INC
1500 SAN REMO AVENUE, STE 125
CORAL GABLES FL 33146

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PSD** **ZAGER, MARK A.** **7540 SW 61ST AVENUE** **MIAMI FL** ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1[illegible] ...rida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature ... 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 ... 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: Mark A. Zager MD 3/14/97 305-666-8891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #