

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** G18405  
 1. Corporation Name  
*Michael F. Lesser, M.D. P.A.*

Principal Place of Business: *405 Atlantic St. Melbourne Beach, FL 32951*  
 Mailing Address:

21	22	23	24	25	26	27	28	29	30
Principal Place of Business		Mailing Address		Suite, Apt #, etc.		City & State		Zip	
Suite, Apt #, etc.		City & State		Zip		City & State		Zip	

3. Date Incorporated or Qualified <i>1982</i>	3a. Date of Last Report <i>1995</i>
4. FEI Number <i>59-3297314</i>	Applied For by Applicant
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for franchise to under s. 1110.01, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
*Reinmann & Wattwood  
 1825 South Riverview Dr  
 Melbourne, FL 32901*

10. Name and Address of New Registered Agent  
 81 Name: *JAMES M. O'BRIEN*  
 82 Street Address (P.O. Box Numbers Not Acceptable): *1686 WEST HIBISCUS BLVD*  
 83  
 84 City: *MELBOURNE* FL 85 Zip Code: *32901*

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the undersigned, as a duly qualified officer or director of the corporation, hereby certifies that the information furnished by the corporation in this report is true and correct to the best of his or her knowledge and belief, and that he or she is not aware of any untrue or misleading information appearing in this report. I am a(n) *officer* of the corporation. Section 607.01(2)(b), Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	<i>President</i>	<input type="checkbox"/> Officer
NAME	<i>Michael F. Lesser, M.D.</i>	
STREET ADDRESS	<i>930 S. Harbor City Blvd #200</i>	
CITY, ST, ZIP	<i>Melbourne, FL 32901</i>	
TITLE		<input type="checkbox"/> Director
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Director
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Director
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

11/95	<input type="checkbox"/> Officer <input type="checkbox"/> Director
12/95	
1/96	
2/96	
3/96	
4/96	
5/96	
6/96	
7/96	
8/96	
9/96	
10/96	
11/96	
12/96	

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 \*\*\*225.00

14. I do hereby certify that the information supplied by this corporation is true and correct to the best of my knowledge and belief, and that I am not aware of any untrue or misleading information appearing in this report. I am a(n) *officer* of the corporation. Section 607.01(2)(b), Florida Statutes.

SIGNATURE: *[Signature]* 613196 407-725-5050  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Michael F. Lesser, M.D.*

CFR2E034 (3/96)