

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G18405

1. Corporation Name MICHAEL F. LESSER, M.D., P.A.

Principal Place of Business 900 S HARBOR CITY BLVD MELBOURNE FL 32901 US

Mailing Address 405 ATLANTIC ST MELBOURNE FL 32951

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

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

9. Name and Address of Current Registered Agent

O'BRIEN, JAMES M 1686 WEST HIBISCUS BLVD MELBOURNE FL 32901

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip Code FL 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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. Thereby 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 Director) Payable to:

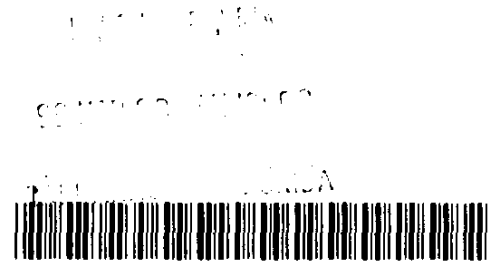
OFFICERS AND DIRECTORS

(Date)

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains one entry for Michael F. Lesser, MD.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains one entry for James M. O'Brien.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/11/1983 4. FEI Number 59-2251639 Applied For Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax Yes No 10. Name and Address of New Registered Agent



CR2E034 (1/198)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B 4/2/99 99A2

4/2/99 967-725-5050