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

lam an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G42772

(5)

FRANK X. VENZARA, M.D., P.A.

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City & State 28	Surte, Apt	#, etc	<u>'</u>				5. Certificate of Status Desired			\$8.75 Additional			
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Zip		е	 	 			, a						
9. Name and Address of Current Rigilstered Agent VENCARA, FRANK X 255 STEWART DR MERRITT ISLAND FL \$2952 82 Street Address (P.O. Box Number is Not Acceptable) 83 Iname 84 City FL 85 Z/p Code 11. Pursuant to the provisions of Sections (607.0502 and 607.1506, Florida Stabules, the above-named corporation submits this statement for the purpose of changing its registerer agent 1 am transfer with and accept the obligations of, Section 607.0505 provides statutes. The above-named corporation submits this statement for the purpose of changing its registerer agent 1 am transfer with and accept the obligations of, Section 607.0505 provides statutes. The above-named corporation submits this statement for the purpose of changing its registerer agent 1 am transfer with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. The Control of the Control of Control o					Country			8. This corporation has liability for intangible tax under s. 199.032,					
VENIZARA, FRANK X 255 STEWART OR MERRITT ISLAND FL 32952	24					110/100 010/100							
Street Address (P.O. Box Number is Not Acceptable)		·	rent Registered Agent		64	Name -	10.	Name and Address o	New Re	pistered	Agent		
NET Pursuant Not provisions of Sections 607 0502 and 607 1508, Fords Statutes, the above-remed corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florids. Such change was authorised by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was authorised by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was authorised by the corporation's board of directors. I hereby accept the appointment as registered agent a					01	Name	100			1.1			
11. Pursuant to the previsions of Sections 607.0502 and 607.1508. Floridal Statutes. The above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in this State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent i am familiar with, and accept the obligations of, Section 607.0505. Floridal Statutes. SIGNATURE 12. OFFICIERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. OFFICIERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME 14. INTERPRETATIONS STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. TITLE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. VENZARA, FRANK X 12. NAME 12. NAME 13. STREET ADDRESS 14. ONLY-ST-ZPP 11. TITLE 10. Change Additional Street ADDRESS 14. ONLY-ST-ZPP 14. ONLY-ST-ZPP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. Change Additional Street ADDRESS 17. ST. ZPP 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND TRANSPORTED TO					82	Street Ar	eet Address (P.O. Box Number is Not Acceptable)						
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14. I do hereby cert by that the information supplied with this filing does not qualify for the exemption 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;	14 Ldo herel	by cerl ly that the information supp	blied with this filing does not qua	slify for the	exe	mption sta	ated in Sec	ction 119.07(3)(i), Flori	da Statute	s. I furthe	r certify that	the	