

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90164 044 ***158.75

DOCUMENT # G77797

1. Entity Name

IZSAK & LAMPORT, M.D.'S, P. A.



Principal Place of Business

% ELIEZER M. IZSAK
1222 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803-2202

Mailing Address

% ELIEZER M. IZSAK
1222 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803-2202

50024734



DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2377162

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IZSAK, ELIEZER MOSHE
1222 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LAMPORT, ROBERT D
STREET ADDRESS 1222 SOUTH FLORIDA AVE.
CITY-ST-ZIP LAKELAND, FL

TITLE VP
NAME IZSAK, E.M.
STREET ADDRESS 1222 SOUTH FLORIDA AVE.
CITY-ST-ZIP LAKELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert D Lamport
Robert D Lamport

3/8/05

(517) (57-7175