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Secretary of State

01-22-2008 90047 011 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G77797

1. Entity Name
IZSAK & LAMPORT, M.D.'S, P. A.

Principal Place of Business	Mailing Address
% ELIEZER M. IZSAK 1222 SOUTH FLORIDA AVENUE LAKELAND, FL 33803-2202	% ELIEZER M. IZSAK 1222 SOUTH FLORIDA AVENUE LAKELAND, FL 33803-2202

01152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Izsak & Lamport, MD, PA		Izsak & Lamport, MD, PA	
Suite, Apt. #, etc.: 1222 South Florida Ave		Suite, Apt. #, etc.: 1222 South Florida Ave	
City & State: Lakeland FL		City & State: Lakeland, FL	
Zip: 33803	Country: USA	Zip: 33803	Country: USA

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	7. Name and Address of New Registered Agent
IZSAK, ELIEZER MOSHE 1222 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	Name: Lamport, Robert Street Address (P.O. Box Number is Not Acceptable): 1222 South Florida Ave City: Lakeland FL Zip Code: 33803

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] Robert Lamport President 1\16\08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMPORT, ROBERT D 1222 SOUTH FLORIDA AVE. LAKELAND, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP IZSAK, E.M. 1222 SOUTH FLORIDA AVE. LAEKLAND, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] Robert Lamport 1\16\08 863-687-3175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #