FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **J21499**

(5)

1 Compration Name

LAKELAND FL 33803

LEBOWITZ MEDICAL GROUP, P.A.

3522 SOUTH FLORIDA AVE.	3522 \$OUTH
Principal Place of Business	Mailing Addres

Mailing Address

3522 SOUTH FLORIDA AVE.
LAKELAND FL 33803



						3. Date Incorporated or Qualified 07/01/1986		e of Last Rep 3/15/1995	
• Portorial D	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
2, FILICAPATE 1	26					59-2681560			ot Applicable
- *	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Dosired		7	Additional equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
3						Trust Fund Contribution Added to Fees			
'	Country	Zip	Co	ountry		B. This corporation has liability for i	ntangible '	tax under s	199.032,
25 29						Florida Statutes Yes 10. Name and Address of New R		Agent	
	g. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New H	aðistater	Agens	
					Name	. <u> </u>			
LEBOWITZ, CHARLES				82 Street Address (P.O. Box Number is Not Acceptable)					
	FLORIDA AVE			83					
LAKELA	ND FL 33803			83					
				84	City		FI	85 Zip	Code
or registi familiar v SIGNATURE	ered agent, or born, in the state of his with, and accept the obligations of, Se Superior, typed or protect name of registered ag	CIDA 607.0005, FIDRICA STATUT	.03.		signature required		DATE		
12.		AND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFF	ICERS AN		
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NAMe	LEBOWITZ, CHARLES		1.2	NAME	(at	Bowile, CHARLES	A 4 4 5	-	
STREET ADDRESS	s 1740 EDGEWOOD DR.		13	STREET	address 👅 🤋	522 S. FLORIDAM	>		
CELLA - ST - ZIP	LAKELAND FL			CITY-ST	-ZIP LI	BOWITZ, CHARLES, 522 S. FLOMER AV AKELAND, FL 338	03	C) Chance	Addition
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vMt	1			NAME					
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4. The hereby certify that the information supplied with this mining as voluntarily annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 absorbing with an address.

SIGNATURE:

941-648-4276 Daystrie Priorie #