PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTM Sandra B. M Secretary o DIVISION OF COF	ortham f State			
OCUMENT # <b>J496</b> 0	)5 (5)				
JOSEPH A. CANNIZZARO, M.D.,	P.A.				
cipal Place of Business	Mailing Address		- I MONTH OF THE PART PART OF THE PART OF	El fill fills gran gran gran ave	
357 WEKIVA SPRINGS ROAD LONGWOOD FL 32779-3607	357 WEKIVA SPRINGS RO LONGWOOD FL 32779-36		Date Incorporated or Qualified     3a. Date of Last Report		
				3a. Date of Last H 05/16/1	995
Principa' Place of Business	2a. Mailing Address		4. FEI Number 59-2748268	L	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		5 Additional Required
	Cty & State		6. Election Campaign Financing	<b>\$5.0</b>	00 May Be
City & State	28	Country	Trust Fund Contribution  8. This corporation has liability for	intangible tax under s	ed to Fees 199.032.
Zip Gountry 25	[ L ]	30	Florida Statutes Yes  10. Name and Address of New I	; [_] No	
9. Name and Address of Curre	ent Registered Agent	81 Name	IV. Name and Madress		
357 WEKIVA SPRINGS ROAD LONGWOOD FL		84 City		FL I	Zip Code
LONGWOOD FL	502 and 607, 1508, Florida Statutes, onda. Such change was authorized ection 607,0505, Florida Statutes.	84 City	ration submits this statement for the pr rd of directors. I hereby accept the ap	FL urpose of changing its pointment as registered	assistered off
I. Pursuant to the provisions of Sections 607.05 or registered agent, or both, in the State of Fix familiar with, and accept the obligations of Section Section 1. Section 1. Section 1. Section 1. Section 1. Section 1. Sec	ection 607,0505, Florida Statutes.	84 City	.,	urpose of changing its pointment as register DATE	registered officed agent. I am
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