PROFIT CORPORATION ANNUAL REPO 1996	19 (4) 16 (5) (4) (4) (4) (4)	FLORIDA DEPART Sandra B Secretary DIVISION OF CO	Mortham of State			
OCUMENT	# K85042	2 (5)				
Corporation Name LESSER & KAN	NE, M.D.'S, P.A.					
rincipal Place of Business		Maling Address C/O STEVEN E. LESSE	a	-	0	Office Buttle draw redu
C/O STEVEN E. LESSER 3820 TAMPA ROAD. STE 202 PALM HARBOR FL 34684		3820 TAMPA ROAD. STE 202 PALM HARBOR FL 34684		3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1989 04/20/1995		
, Principal Place of Busin	ness	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #. etc.		Suite, Apt #, etc.		59-2948680 5. Certificate of Status Desired		Not Applicable 75 Additional Reguired
City & State		City & State		6. Election Campaign Financing	\$	5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for		Added to Fees ler s. 199.032,
o Nam	e and Address of Current	29 Registered Agent	[30]	Florida Statutes Yes 10. Name and Address of New F		t
3820 TAMPA RD SUITE 202	1		82 Street Add	ress (P.O. Box Number is Not Acceptat		
Suite 202 Palm Harbor I	FL 34684	and 607,1508, Florida Statute	83 84 City		FL 85	l
SUITE 202 PALM HARBOR I 11. Pursuant to the provi or registered agent, t familiar with, and ac-	FL 34684	a no	84 City 5. the above-named corporation's bos	ration submits this statement for the pu and of directors, i hereby accept the app	FL 85 urpose of changing pointment as regis	l
SUITE 202 PALM HARBOR I 11. Pursuant to the provior registered agent, familiar with, and acceptable agent. Signature is	FL 34684 sions of Sections 607,0502 or both, in the State of Ford, bept the obligations of, Section	and the of digital value of the state of the	83 84 City	ration submits this statement for the pu and of directors, i hereby accept the app	FL 85 urpose of changing pointment as regis	g its registered office tered agent. I an: ECTORS IN 12
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6.3 STREET ADDRESS
6.4 CTY: ST-ZIP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of this 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 charged), or on an attachment with an architess.

SIGNATURE:

SIGNATURE

SIGNATURE AND TREE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR