2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90392 011 ***150.00

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1. Entity Name
BROCK, IZZO & ALKIRE, M.D., P.A.

Principal Place of Business	Mailing Address
4 COLUMBIA DRIVE SUITE 860 TAMPA, FL 33606	4 COLUMBIA DRIVE SUITE 860 TAMPA, FL 33606

14012000

04222005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3689604
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~SCHAFFER, JAMES R ESQ~~
~~RAHALL & SCHAFFER, P.A.~~
~~120 S WILLOW AVE~~
~~TAMPA, FL 33606~~

Mike Miller, Esq.
Barnett, Bolt, P.A.
601 Bayshore Blvd.
Suite 700
Tampa, FL 33606

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	CHRISTOPHER BROCK, JOHN
STREET ADDRESS	3007 FAIROAKS AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	GERARD IZZO, EDWARD JR
STREET ADDRESS	11332 BLOOMINGTON DR
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	D
NAME	JEFFERSON ALKIRE, MARK
STREET ADDRESS	1112 RIVERSIDE DR
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ M. Alkire, M.D. 4/20/05 813-258-4533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #