

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005082

Entity Name: IZZO & ALKIRE, M.D., P.A.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

4 COLUMBIA DRIVE
SUITE 860
TAMPA, FL 33606

New Principal Place of Business:

5 TAMPA GENERAL CIRCLE
SUITE 860
TAMPA, FL 33606

Current Mailing Address:

4 COLUMBIA DRIVE
SUITE 860
TAMPA, FL 33606

New Mailing Address:

5 TAMPA GENERAL CIRCLE
SUITE 860
TAMPA, FL 33606

FEI Number: 59-3689604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, MICHAEL D
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: IZZO, EDWARD G JR
Address: 11332 BLOOMINGTON DR
City-St-Zip: TAMPA, FL 33635

Title: PTD () Delete
Name: ALKIRE, MARK J
Address: 1112 RIVERSIDE DR
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK J ALKIRE

PTD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date