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**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary\_of State

DIVISION OF CORPORATIONS

## DOCUMENT # P95000001141

1. Corporation Name

Pizziola, Inc.

97 JAN -3 AM 11: 07

SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address					$\neg$	
c/o Thomas A. Marsland, M.D.				REINSTATEMENT 9600		
					DEINOTAL FMENT 1941	
1895 Kingsley Avenue, Suite 600				and willfulfil		
Orange Park, FL 32073				3. Date Incorporated or Qualified   3a. Date of Last Report		
					January 5, 1995	
Principal Place of Business     2a. Mailing Address				,"	4. FEI Number Applied For	
21		26			59-3212245 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		Zip Country			Trust Fund Contribution	
Zip	Country	Zip	L	intry	8. This corporation has fiability for intangible fax under s. 199.032,	
24	25	29	30		Florida Statutes Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
RAXCO					er O. Larsen	
c/o Mahoney Adams & Criser, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)		
50 N.	Laura Street, Suite	≥ 3400	3400		Riverplace Blvd. Suite 1301	
	onville, FL 32202			<sup>83</sup> Jack	sonville, Florida 32207	
	•			84 City	las 7 7in Code	
				Jac	ksonville, riterian FL 32207	
11. Pursuant t	to the provisions of Sections 607,0502	2 and 607.1508, Florida Statu	ites, the a	bove-named o	corporation submits this statement for the purpose of changing its registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes						
SIGNATURE	later Lavern				~13(QG	
	Signature, typed or printed name of registered ager	nt and tille il applicable (NO	TE Registere	o agent signature s	equired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31TLE	President, Secretar	ry & Treasurer	1 1	HTLE	Change Addition	
NAME	Thomas A. Marsland		1.2 6	AME		
STREET ADDRESS	1895 Kingsley Avenu	ue, Suite 600	Suite 600			
CITY-ST-ZIP	Orange Park, FL 32	2073	140	ITY-ST-ZIP		
TITLE		DELETE	2.1	TITLE	130000204764999-17 Million   -01/07/9701061007	
NAME OF THE PERSON OF THE PERS	İ		221	IAME	-01/07/9701061007	
STREEL ADDRESS			2.3 9	TREET ADDRESS	****375.00 ****375.00	
CITY-ST-ZIP	<u> </u>		240	11Y-S1-7IP		
TITLE		DELETE	3 1	IITLE	Change Addition	
NAME			321	IAME		
STREET ADDRESS			33	STREET AUDRESS		
CITY-ST-ZIP			34	CITY-ST-ZIP		
TifLE		☐ DELETE	41	TITLE	Change Addition	
NAME			421	IAME		
STREET ADDRESS			43:	STREET ADDRESS		
CITY+S1+2iP			44	CITY-ST-ZIP		
TIFLE		DELETE		TITLE	Change Add-tion	
NAME			5.2	NAME	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP			•	CITY-ST-ZIP		
TITLE		DELETE		TITLE	Change Addition	
NAME			1	NAME	Cit months	
STREET ADDRESS			1	STREET ADDRESS		
CHY-SI-ZIP	by codify that the references	d with this titues is values of		CITY-ST-ZIP	Couplify for the examples stated in Contine 440 07(9)(1) Florida Plahane I	
higher ca	early that the information indicated or	this annual report or supple	nurnisned mantal er	r and does not	t qualify for the exemption stated in Section 119.07(3)(k), Florida Statules 1 true and accurate and that my signature shall have the same legal effect as it.	

made under oals; that tall an officered in this annual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as it made under oals; 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 13 if chapted or on an attachment with an apteress.

(904) 276-7887

Daylime Phone # .