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Jun 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000002240 (5)

1. Corporation Name
DR. HALASZ, P.A.

Principal Place of Business
2525 HARBOR BOULEVARD #104
PORT CHARLOTTE FL 33952

Mailing Address
2525 HARBOR BOULEVARD #104
PORT CHARLOTTE FL 33952-5338



2. Principal Place of Business	2a. Mailing Address
21 21297 OLEAN Blvd.	26 21297 OLEAN Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Port Charlotte, FL	28 Port Charlotte, FL
Zip	Zip
24 33952	29 33952
Country	Country
25	30

3. Date Incorporated or Qualified 01/02/1996	3a. Date of Last Report N/A
4. FEI Number 65-0658927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HALASZ, STEVEN P 2525 HARBOR BOULEVARD #104 PORT CHARLOTTE FL 33952		81 Name HALASZ, STEVEN P 82 Street Address (P.O. Box Number is Not Acceptable) 21297 OLEAN Blvd. 83 84 City Port Charlotte FL 85 Zip Code 33952	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	HALASZ, STEVEN P	1.2 NAME	HALASZ, STEVEN P
STREET ADDRESS	2525 HARBOR BOULEVARD #104	1.3 STREET ADDRESS	21297 OLEAN Blvd.
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	1.4 CITY-ST-ZIP	Port Charlotte FL 33952
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)