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FILED
May 15 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 # P96000066310 (9)

1. Corporation Name

G. MARK LASKERR & ASSOCIATES, O.D., P.A.

Principal Place of Business

Mailing Address

10200 N. ARMENIA AVE. #304
TAMPA FL 33612

10200 N. ARMENIA AVE. #304
TAMPA FL 33612-7365



3. Date Incorporated or Qualified

08/08/1996

3a. Date of Last Report

2. Principal Place of Business

21 2232 University Mall

Suite, Apt. #, etc.

22 Suite 362

City & State

23 TAMPA FL

Zip

24 33612

Country

25 USA

2a. Mailing Address

26 2232 University Mall

Suite, Apt. #, etc.

27 Suite 362

City & State

28 TAMPA FL

Zip

29 33612

Country

30 USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

LASKERR, G. MARK
10200 N. ARMENIA AVE. #304
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Dr. Gregory Mark Laskerr

4-30-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME D LASKERR, G. MARK

STREET ADDRESS 10200 N. ARMENIA AVE. #304

CITY-ST-ZIP TAMPA FL 33612

☐ DELETE

1.2 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002191912

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***165.00

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5/15/97

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.

SIGNATURE:

Dr. Gregory Mark Laskerr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-977-6111

CR2E034 (9/96)