FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000066310 (9) DOCUMENT #
1. Corporation Name

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

FILED May 13 1998 8:00am Secretary of State



| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. | Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees year Intangible s No it Zip Code aging its registered nent as registered |
|--|--|
| TAMPA FL 33612 TAMPA FL 33612 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1996 4. FEI Number NOT APPLICABLE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Fund Contribution Trust Fund Contribution Fund Contribution Trust Fund Con | Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees year Intangible s No t Zip Code nging its registered nent as registered |
| DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1996 2. Principal Place of Business 21 27-3 | Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees year Intangible s No t Zip Code nging its registered nent as registered |
| 2. Principal Place of Business 3. University Mal 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 3. Country 4. Election Campaign Financing 5. Certificate of Status Desired 6. Election Campaign Financing 7 Trust Fund Contribution 7 Personal Property Tax due June 30. Pres 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees year Intangible s No tt Zip Code aging its registered ent as registered |
| 2. Principal Place of Business 2. A Mailing Address 2. Suite, Apt. #, etc. 3. Certificate of Status Desired Status Sta | Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees year Intangible s No tt Zip Code aging its registered ent as registered |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country Personal Property Tax due June 30. Dytes 9. Name and Address of Current Registered Agent LASKERR, G. MARK 10200 N. ARMENIA AVE. #304 TAMPA FL 33612 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Schites, the above-named corporation submits this statement for the purpose of chan office or registered agent, or both, in the State of I londa. Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent. Laptermiles with, any apocept the obligation of, Section 607.0502 Florida Statutes SIGNATURE DELETE 11. IIILE | Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees year Intangible s No tt Zip Code aging its registered ent as registered |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. | 3.75 Additional Fee Required 5.00 May Be Added to Fees year Intangible s No tt Zip Code aging its registered nent as registered |
| 27 City & State City & State 28 City & State 29 RAYNO A F C 28 Country A Country A Country A State Address of Current Registered Agent LASKERR, G. MARK 10200 N. ARMENIA AVE. #304 TAMPA FL 33612 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statistics, the above-named corporation submits this statement for the purpose of chan office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I application with, and acceptable agent of the obligation of Section 607.0507. Florida Statistics. SIGNATURE 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statistics, the above-named corporation submits this statement for the purpose of changing was authorized by the corporation's board of directors. I hereby accept the appointm agent. I application with, and accept the obligation of Soction 607.0507. Florida Statistics. SIGNATURE 12. OFFICIALS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Inite 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. Election Campaign Financing Trust Fund Contribution A State Country Personal Property Tax due June 30. Personal Property Tax due June 40. Personal Property Tax due June 30. Persona | Fee Required 5.00 May Be Added to Fees year Intangible s No t Zip Code aging its registered hent as registered |
| City & State Country A F C Country Country A Trust Fund Contribution R Trust Fu | Zip Code Zip Code reging its registered tent as registered |
| Trust Fund Contribution Zip Zip Zip Zip Zip Zip Zip Zip Zip Zi | Added to Fees year Intangible s No t Zip Code nging its registered nent as registered |
| Zip 336 / 2 25 Hills to rough 29 30 Personal Property Tax due June 30. Pyes | vear Intangible s No t Zip Code nging its registered nent as registered |
| 25 Hills to rough 29 30 Personal Property Tax due June 30. Diversity Tax du | Zip Code Inging its registered ment as registered |
| 9. Name and Address of Current Registered Agent LASKERR, G. MARIK 10200 N. ARMENIA AVE. #304 TAMPA FL 33612 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 chan 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 appointm agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Systims, typical or people in product and the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Systims, typical or people in product and the first and the first application of the purpose of change in the purpose of the purpose of the purpose of the purpose of the purpose in the purpose of the pu | Zip Code nging its registered nent as registered |
| 10200 N. ARMENIA AVE. #304 TAMPA FL 33812 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 chan 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 appointm agent. I arp termilier with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 15. Registered acorporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I arp termilier with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE OFFICIALS AND DIRECTORS 12. DELETE 1.1 TITLE 1.4 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.5 TITLE | nging its registered nent as registered |
| TAMPA FL 33812 83 84 City FL 85 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 chan office or registered agent, or both, in the State of Llorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent. Lam familiar with, and accept the obligations of, Section 607,0508, Florida Statutes. SIGNATURE Signature, byted or peopled in purpose of change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligations of, Section 607,0508, Florida Statutes. SIGNATURE Signature, byted or peopled in any of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligation of, Section 607,0508, Florida Statutes. SIGNATURE Signature, byted or peopled in any of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligation of, Section 607,0508, Florida Statutes. SIGNATURE Signature, byted or peopled or peopled in any of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I am familiar with a purpose of change with a purpose of ch | nging its registered nent as registered |
| TAMPA FL 33612 83 84 City FL 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Satutes, the above-named corporation submits this statement for the purpose of chan 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 appointm agent. I are tentiliar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE SIGNATURE OFFICIAS AND DIRECTORS DELETE 1.3 TITLE 1.4 EVEROR C. MARDY | nging its registered nent as registered |
| 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 charmoffice or registered agent, or both, in the State of Lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Syntature, tysted or point of many of registered agent, and the state of the | nging its registered nent as registered |
| 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 chan 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 appointm agent. I are familier with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Submitted by the corporation's board of directors. I hereby accept the appointm of the purpose of changes agent. I are familier with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE OFFICIALS AND DIRECTORY 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORY 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORY 15. DELETE 16. 13.1 ITILE | nging its registered nent as registered |
| 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 chan 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 appointm agent. I are familier with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Submitted by the corporation's board of directors. I hereby accept the appointm of the purpose of changes agent. I are familier with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE OFFICIALS AND DIRECTORY 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORY 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORY 15. DELETE 16. 13.1 ITILE | nging its registered nent as registered |
| SIGNATURE Signature, typicid or pointed member of sequence advised and from the applicatory (NOTE Registered Agent signature required when reinsteining) 12. OFFICIALS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE 15. TITLE 16. TOPIC OFFICERS AND DIRECTORS 17. TITLE 18. TITLE 18. TITLE 18. TITLE 19. TITL | |
| SIGNATURE Signature, typicid or pointed member of sequence advised and from the applicatory (NOTE Registered Agent signature required when reinsteining) 12. OFFICIALS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE 15. TITLE 16. TOPIC OFFICERS AND DIRECTORS 17. TITLE 18. TITLE 18. TITLE 18. TITLE 19. TITL | |
| September System of pointed many of the poin | ECTORS IN 12 |
| 12. OFFICIALS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.3 TITLE | ECTORS IN 12 |
| TITLE DELETE 1.3 TITLE | |
| 1 ACVEDD & MADY | Change Addition |
| NAME | |
| STREET ADDRESS 10200 N. ARMENIA AVE. #304 1.3 STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL 33612 1.4 CITY-ST-ZIP | , |
| | Change |
| NAME 22 NAME | |
| STREET ADDRESS 2.3 STREET ADDRESS | |
| CITY-ST-ZIP 2.4 CITY-ST-ZIP | <u> </u> |
| TITLE DELETE 3.1 TITLE | Change L Addition |
| NAME 3.2 NAME | |
| STREET ADDRESS 3.3 STREET ADDRESS | |
| CITY-ST-ZIP 3.4. CITY-ST-ZIP | Change Addition |
| | Jilange L. Audition |
| NAME 4.2 NAME | |
| STREET ADDRESS 4.3 STREET ADDRESS | |
| CITY-\$1-ZIP 4.4 CITY-\$1-ZIP TITLE DELETE 5.1 TITLE C | Change |
| NAME 5.2 NAME | |
| STREET ADDRESS 5.3 STREET ADDRESS | |
| CITY-\$1-ZIP 5.4 CITY-\$1-ZIP | |
| | Change |
| NAME 6.2 NAME | |
| STREET ADDRESS 6.3 STREET ADDRESS | |
| CITY ST - ZIP | |
| 14. 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 the 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 on | hat the information |

officer or director of the corporation or the receiver or trustee empowered presente 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.

Do Greecoru MAPK LASKEYY

DR GREGORY MAPK LASKERY