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

PROFIT
CORPORATION
ANNUAL REPORT
•1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

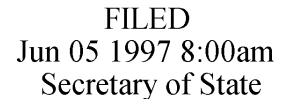
## DOCUMENT # P96000100189 (5)

BARBARA A. MAZZELLA, M.D., P.A.

Principal Place of Business

Mailing Address

8007-8009 WEST SAMPLE ROAD CORAL SPRINGS FL 33065 8007-8009 WEST SAMPLE ROAD CORAL SPRINGS FL 33065-4750





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								3. Date Incorporated or Qualified 12/10/1996	3a. Date	of Last F	leport		
2. Principal P	lace of Busin	ness	28.	2a. Mailing Address				4. FEI Number		A	pplied For		
21				26				65-0720240			ot Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	9		28	City & State				Election Campalgn Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country Zip 29					Country	1	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
<u> </u>	9. Name	and Address of		tered Agent	[30]			10. Name and Address of New Re					
MAZ	ZELLA, RAI	RBARA A MD				81	Name		<del></del>				
9007-8009 WEST SAMPLE ROAD  CORAL SPRINGS FL 33065						82	Ctroot A	Idress (P.O. Box Number is Not Acceptat	-1-1				
						02	Street Ac	idress (P.O. Box Number is Not Acceptar	ne)				
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•											<u> </u>		
•						84	City		FL	<b>85   Z</b> ip	Code		
office or r	egistered ac	ions of Sections 6 jent, or both, in the ith, and accept the	e State of Flori	da Such chang	e was autric	rized b	y the corpo	orporation submits this statement for the pration's board of directors. I horeby accept	surpose of ch ot the appoin	anging i itment as	ts registered registered		
SIGNATURE	Signature, typed	or printed name of regis	stered agent and trie	· if applicable	(NOTE Fug	istored Ag	ral signature re	quired when reinstating)	DATE				
12.			RS AND DIRE			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	AS IN 12		
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informatio	n i <b>nd</b> icated ffic <b>er</b> or dire	on this annual rep	ort or supplemation or the rec	nental annual re eiver or trustee	eport is true a e ompowered	ind acc to exec	urate and th	hat my signature shall have the same lega port as required by Chapter 607, Florida S	al effect as if	made un	nder oath; tha		