


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90373 030 \*\*\*150.00

<b>DOCUMENT # P98000069400</b>	
1. Entity Name <b>MARK U. LAZAR, M.D., P.A.</b>	

Principal Place of Business <b>909 HARBOUR BAY DR TAMPA FL 33602</b>	Mailing Address <b>909 HARBOUR BAY DR TAMPA FL 33602</b>
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2. Principal Place of Business <b>943 HEMINGWAY Circle</b>	3. Mailing Address <b>943 HEMINGWAY CIRCLE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

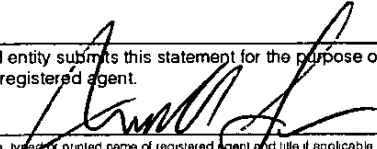
City & State <b>TAMPA FL</b>	City & State <b>TAMPA FL</b>
Zip <b>33602</b>	Country <b>HILLSBOROUGH</b>



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>LAZAR, MARK U 909 HARBOUR BAY DR TAMPA FL 33602</b>	
7. Name and Address of New Registered Agent Name <b>MARK U. LAZAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>943 HEMINGWAY CIRCLE</b> City <b>TAMPA</b> FL <b>33602</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

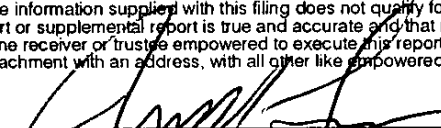
SIGNATURE  DATE **4/12/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD LAZAR, MARK U 909 HARBOUR BAY DR TAMPA FL 33602</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>943 HEMINGWAY CIRCLE TAMPA, FL 33602</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4/12/05** (813) 221-6888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR