FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # S 67255 (7)

1. Corporation Name

Andrea D. Itzkowitz, M.D., P.A.

Principal Place of Business

2631-A N.W 41st St.
Gainesville, Fla. 32606

Mailing Address

2631-A N.W 41st St.
Gainesville, Fla. 32606

3. Date Incorporated or Qualified: 7/18/91

3a. Date of Last Report: 5/1/95

4. FEI Number: 59-3073240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

21	2631-A N.W. 41st St
22	Suite/Apt. # etc.
23	City & State: Gainesville, Fl.
24	Zip: 32606
25	Country: USA

26	Mailing Address
27	Suite/Apt. # etc.
28	City & State
29	Zip
30	Country

9. Name and Address of Current Registered Agent

Wilson, Warren A III
31608 U.S. Highway 19 N.
Palm Harbor, Florida 34684

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D.	1.1 TITLE	☐ Change ☐ Addition
NAME	Itzkowitz, Andrea D.	1.2 NAME	
STREET ADDRESS	2631-A N.W. 41st Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, Fla. 32606	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	500001818795
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-05/13/96--01055--026
TITLE	☐ DELETE	5.1 TITLE	***200.00 ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	AEB
STREET ADDRESS		6.3 STREET ADDRESS	5-1-96
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Andrea D. Itzkowitz M.D. P.A. pres. 5/1/96 Date 904 638-3324 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR