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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 05 1998 8:00am Secretary of State

DOCUMENT # V4725 1. Corporation Name JACK M. MEZRAH, M.D., P.A.	2 (4)			
Principal Place of Business	Mailing Address		—{	
2708 AZEELE AVENUE	2708 AZEELE AVENUE			
TAMPA FL 33609	TAMPA FL 33609			
			DO NOT WRITE IN THIS	SPACE
			 Date Incorporated or Qualified 07/01/1992 	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3129483	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Continuate of States Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution	Added to Fees
24 25	29	30	This corporation owes or has paid the cipersonal Property Tax due June 30.	rrent year intangible Yes No
9. Name and Address of Curre		1301	10. Name and Address of New Registered	<u></u>
MEZRAH, JACK M.		81 Name		<u> </u>
2708 AZEELE AVENUE		On Charles Addition	(5.0 B. M. J. M. A. J	
TAMPA FL 33609		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	•
		83		
		04 03.		Josef 71- 0- 4-
		84 City	FI	85 Zip Code
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent, I am familiar with, and accept the oblig SIGNATURE	02 and 607.1508, Florida Statute e of Florida. Such change was a pations of, Section 607.0505, Flo	es, the above-named corp luthorized by the corporat rida Statutes.	ocration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
Signature, typed or printed name of registered ag		. Registered Agent signature requir		
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
METOALL INOVIA	L DELETE	1.1 TITLE		Change Addition
0700 AZEELE ALE		1.2 NAME		
TAMPA EI		1.3 STREET ADDRESS		
CITY-ST-ZIP TAIVIFA FL	DELETE	1.4 CITY-ST-ZIP		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		ļ
STREET ADDRESS		3.3 STREET ADDRESS		ſ
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		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE	T Dereig	6.1 TITLE		T Ottenine T Manufall
NAME CTREET ADDRESS		6.2 NAME		J
STREET ADORESS		e a expect Abonece		
CITY-ST-ZIP		6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		

4. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

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Willfack M. Mezral

1/29/98

813-872-8376