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

POCUMENT # V55777

(9)

OSCAR TANAKA, M.D. P.A.

FILED May 19 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1801 MEASE DR 1801 MEASE DR							t 1880 Alices Arier erist 1884 1884 1884 1884 1884 8184 8184 818					
STE 100 STE 1		STE 100 SAFETY HARBOR FL 3469	E 100									
US US							3. Date Incorporated or Qualified					
	Place of Business	2a. Mailing Address				4. FEI Num				App	olied For	
Suite. Apt. #. etc.		Suite, Apt. #, etc.			59-31	59-3138365 Not Applicable						
22		27				5. Certifica	le of Status Desired			75 A	dditional quired	
City & State	0	City & State					Campaign Financing				May Be	
Zip Country		Zip Country		Trust Fund Contribution Added to Fees								
24	25	h - 1	n		This corporation has trability for intangible tax under s. 199.032, Florida Statutes ▼Yes □ No							
	9. Name and Address of Currer	nt Registered Agent	T				nd Address of New Re				•	
M.Z.	. REGISTERED AGENT CORP.			81	Name			•				
100 SE 2ND ST				82	Street Ado	I Address (P.O. Box Number is Not Acceptable)						
INTERNATIONAL PLACE 28TH FLOOR MIAMI FL 33131		DR		83			The first terms of the first f					
44147 51	1 2 00 10 1		Į]	·							
				84	City			FL	.	Zip C		
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida, Such change was a lations of, Section 607.0505, Flo	es, the ab outhorized orida Stati	ove- by utes.	named cor the corpora	poration submits ation's board of d	this statement for the pirectors. I hereby acce	ourpose of pt the app	chang ointme	ing its nt as r	registored egistered	
SIGNATURE	Signature, typed or printed name of registered age	The state of the s	7407 (0.5.5)		,	ired when reinstating)					-	
12.		D DIRECTORS	13.	Agen	i signature roqu		S/CHANGES TO OFFIC	DATE DEEDS AND	, DIDE	TADO	10.10	
TITLE	D .	DELETE	1110	LF	1.5	·/~	IO/OF IANGES TO OF IC	JENS AND	Chi		Addition	
NAME	TANAKA, OSCAR		12 NA			RANCISCA	TANAKA			Jingo	LE TROUMON	
STREET ADDRESS	1801 MEASE DR, STE 100				ADDRESS 14	POI NEASE	DO, STE	100				
CITY-ST-ZIP	SAFETY HARBOR FL		1.4 CIT			APETY H	ARBOR FY	3469	75			
TITLE		DELETE	2111		•"			*** * * * * *	Cha	nge	Addition	
NAME			22 NA	ME						•		
STREET ADDRESS			2 3 511	REEL A	DDRESS							
CITY-ST-ZIP			2.4 CI	1Y-\$1	- ZIP							
TITLE		□ DELF1E	3.1 TIT						Cha	ange	Addition	
NAME			3.2 NA	ME								
STREET ADDRESS			3.3 ST	REET A	DDRESS							
CITY-ST-ZIP			3 4. CI	IY-\$1	- 7IP							
TITLE		OCLETE	4.1 TIT	LE					Chá	inge	Addition	
NAME			4. 2 NA	ME								
STREET ADDRESS			4.3 ST	REE1 A	DDRESS							
CITY-ST-ZIP			4.4 CIT	Y-\$1-	- 71P							
TITLE		DECETE	5.1 TiT	Į F					Chá	inge	Addition	
NAME			5.2 NA	ME								
STREET ADDRESS			5.3 ST	REE I A	DDRESS							
CITY-ST-ZIP			5.4 CIT	Y-\$1-	- ZIP							
TITLE	•	DETE 1E	6.1 TIT	LF.					Cha	inge	Addition	
NAME			6.2 NA	ME								
STREET ADDRESS			6.3 \$11	RELLA	ODRESS							
CITY-ST-ZIP	au partify that the information supplies	20.02.00	6.4 CIT	Y-\$1-	- 7IP							

r oo hereby certily 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 oath; that I am an officer or director of the corporation or the receiver or trusted 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 or an attachment with an address