

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 18 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # N96000005981 (3)**  
1. Corporation Name  
**PEER PERSPECTIVES, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>1390 MAIN STREET<br/>SARASOTA FL 34236</b> | Mailing Address<br><b>1390 MAIN STREET<br/>SARASOTA FL 34236-5687</b> |
|--|---|

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| 2. Principal Place of Business<br>21 <b>4328 meadowland CIR</b> | 2a. Mailing Address<br>26 <b>4328 meadowland CIR</b> | 3. Date incorporated or Qualified<br><b>11/22/1996</b>  | 3a. Date of Last Report               |
| Suite, Apt. #, etc.<br>22                                       | Suite, Apt. #, etc.<br>27                            | 4. FEI Number<br><b>65-0711953</b>  | Applied For<br>Not Applicable         |
| City & State<br>23 <b>SARASOTA FL</b>                           | City & State<br>28 <b>SARASOTA FL</b>                | 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| Zip<br>24 <b>34233</b>  | Country<br>25 <b>SARASOTA</b>                        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| Country<br>29 <b>SARASOTA</b>                                   | Zip<br>30 <b>34233</b>                               | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**RIEMANN, WALTER E •  
1390 MAIN STREET  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name<br><b>MICHAEL WHITE</b>   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>4328 MEADOWLAND CIR</b> |
| 83  |
| 84 City <b>SARASOTA</b> FL 85 Zip Code <b>34233</b>                                 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Michael White* **MICHAEL WHITE** DATE **7-11-97**

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

| 12. OFFICERS AND DIRECTORS |  | DELETED                  |
|----------------------------|--|--------------------------|
| TITLE                      |  | <input type="checkbox"/> |
| NAME                       |  |                          |
| STREET ADDRESS             |  |                          |
| CITY-ST-ZIP                |  |                          |
| TITLE                      |  | <input type="checkbox"/> |
| NAME                       |  |                          |
| STREET ADDRESS             |  |                          |
| CITY-ST-ZIP                |  |                          |
| TITLE                      |  | <input type="checkbox"/> |
| NAME                       |  |                          |
| STREET ADDRESS             |  |                          |
| CITY-ST-ZIP                |  |                          |
| TITLE                      |  | <input type="checkbox"/> |
| NAME                       |  |                          |
| STREET ADDRESS             |  |                          |
| CITY-ST-ZIP                |  |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                            |
|---|--|--------------------------|-------------------------------------|
| 1.1 TITLE   | <b>P</b>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.2 NAME  | <b>MICHAEL WHITE</b>                                   |                          |                                     |
| 1.3 STREET ADDRESS                                    | <b>4328 MEADOWLAND CIR</b>                             |                          |                                     |
| 1.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL 34233</b>                              |                          |                                     |
| 2.1 TITLE   | <b>V/D</b>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2 NAME  | <b>Richard Brown, MD</b>                               |                          |                                     |
| 2.3 STREET ADDRESS                                    | <b>3131 South TAMiami TRAIL</b>                        |                          |                                     |
| 2.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL 34239</b>                              |                          |                                     |
| 3.1 TITLE   | <b>V/D</b>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3.2 NAME  | <b>MARTY GAMBOW, LCSW</b>                              |                          |                                     |
| 3.3 STREET ADDRESS                                    | <b>1515 S. Osprey AVE SUITE C-12</b>                   |                          |                                     |
| 3.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL 34239</b>                              |                          |                                     |
| 4.1 TITLE   | <b>V/D</b>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.2 NAME  | <b>Kerri Hockett, RN</b>                               |                          |                                     |
| 4.3 STREET ADDRESS                                    | <b>SARASOTA MEMORIAL HOSPITAL 1700 S TAMiami TRAIL</b> |                          |                                     |
| 4.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL 34239</b>                              |                          |                                     |
| 5.1 TITLE   | <b>T/O</b>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5.2 NAME  | <b>Richard Stover</b>                                  |                          |                                     |
| 5.3 STREET ADDRESS                                    | <b>2332 McClellan PKWY</b>                             |                          |                                     |
| 5.4 CITY-ST-ZIP                                       | <b>SARASOTA, FL 34239</b>                              |                          |                                     |
| 6.1 TITLE   | <b>S/O</b>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.2 NAME  | <b>NANCY ETZOLD, C.T.R.</b>                            |                          |                                     |
| 6.3 STREET ADDRESS                                    | <b>DOCTOR'S HOSPITAL of SARASOTA</b>                   |                          |                                     |
| 6.4 CITY-ST-ZIP                                       | <b>5731 Bee Ridge Road SARASOTA FL 34233</b>           |                          |                                     |

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Michael White* DATE **4-21-97** (901) 951-2000

CR2E037 (9/96)

Form 1024

Part II. Activities and Operational Information.

3. **Peer Perspectives Officers & Directors**

**President**      **Michael White**  
4328 Meadowland Cir.  
Sarasota, FL. 34233  
(941) 371-2632

**Vice President(s)**

**Richard Brown, M.D.**  
Oncology Hematology Consultants  
3131 South Tamiami Trail  
Sarasota, FL. 34239  
(941) 957-1000

**Marty Gambow, LCSW**  
1515 S. Osprey Ave  
Suite C-12  
Sarasota, FL 34239  
(941) 917-6758

**Kerri Hockett, RN**  
Oncology Unit  
Sarasota Memorial Hospital  
1700 S. Tamiami Trail  
(941) 917-1000

**Secretary**

**Nancy Etzold, C.T.R.**  
Cancer Registry  
Doctor's Hospital of Sarasota - Columbia/HCA  
5731 Bee Ridge Road  
Sarasota, FL 34233  
(941) 342-1095 ext. 1640

**Regional VP**

**Sandra Arthur, RN**  
5554 Cape Aqua Drive  
Sarasota, FL 34242      → Tennessee  
(941) 346-1616

**Treasurer**

**Richard Stover (Bonded)**  
2332 McClellan Pkwy  
Sarasota, FL 34239  
(941) 951-6784

**Director(s)**

**Dr. John E. Syster, minister**  
1031 South Euclid Ave  
Sarasota, FL 34237  
(941) 953-7044

**Ralph Warrington**  
448 58<sup>th</sup> Street  
Sarasota, FL 34243  
(941) 351-6633

**Richard Kuehne**  
4432 Parnell  
Sarasota, FL 34232  
(941) 379-9691