

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S41579** (1)

1. Corporation Name  
**BERT F. VAN BEEVER, M.D., P.A.**



Principal Place of Business: **40 BARKLEY CIR SUITE 3 FT MYERS FL 33907**  
Mailing Address: **40 BARKLEY CIR SUITE 3 FT MYERS FL 33907**

3. Date Incorporated or Qualified: **03/26/1991**  
3a. Date of Last Report: **02/08/1995**  
4. FEI Number: **65-0251937**  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

**9. Name and Address of Current Registered Agent**

**VAN BEEVER, BERT F.  
40 BARKLEY CIR  
SUITE 3  
FT MYERS FL 33907**

**10. Name and Address of New Registered Agent**

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 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**

**D**  DELETE  
**1. NAME: VAN BEEVER, BERT F.**  
**2. STREET ADDRESS: 40 BARKLEY CIR SUITE 3**  
**3. CITY-STATE-ZIP: FT MYERS FL**

DELETE  
**1. NAME:**  
**2. STREET ADDRESS:**  
**3. CITY-STATE-ZIP:**

DELETE  
**1. NAME:**  
**2. STREET ADDRESS:**  
**3. CITY-STATE-ZIP:**

DELETE  
**1. NAME:**  
**2. STREET ADDRESS:**  
**3. CITY-STATE-ZIP:**

DELETE  
**1. NAME:**  
**2. STREET ADDRESS:**  
**3. CITY-STATE-ZIP:**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition  
**1.1 TITLE:**  
**1.2 NAME:**  
**1.3 STREET ADDRESS:**  
**1.4 CITY-STATE-ZIP:**

Change  Addition  
**2.1 TITLE:**  
**2.2 NAME:**  
**2.3 STREET ADDRESS:**  
**2.4 CITY-STATE-ZIP:**

Change  Addition  
**3.1 TITLE:**  
**3.2 NAME:**  
**3.3 STREET ADDRESS:**  
**3.4 CITY-STATE-ZIP:**

Change  Addition  
**4.1 TITLE:**  
**4.2 NAME:**  
**4.3 STREET ADDRESS:**  
**4.4 CITY-STATE-ZIP:**

Change  Addition  
**5.1 TITLE:**  
**5.2 NAME:**  
**5.3 STREET ADDRESS:**  
**5.4 CITY-STATE-ZIP:**

Change  Addition  
**6.1 TITLE:**  
**6.2 NAME:**  
**6.3 STREET ADDRESS:**  
**6.4 CITY-STATE-ZIP:**

14. I 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)(k), Florida Statutes. I further certify that the information indicated on the 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 executor 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BERT F. VAN BEEVER, M.D., P.A.**  
Date: **2/1/96** File # **9419362434**

CR2E034 (12/95)