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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR -4 PM 6:25

DOCUMENT # **487618** **(1)**

1. Corporation Name
HARVEY TRITEL, M.D., P.A.

Principal Place of Business	Mailing Address
3800 EVANS AVENUE FT MYERS FL 33901	3800 EVANS AVENUE FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1975	3a. Date of Last Report: 04/29/1994

21 2. Principal Place of Business: 2675 Winkler Ave	26 2a. Mailing Address: 2675 Winkler Ave
22 Suite, Apt. #, etc.: Suite 460	27 Suite, Apt. #, etc.: Suite 460
23 City & State: Fort Myers, Fl	28 City & State: Fort Myers, Fl.
24 Zip: 33901 25 Country: Lee	29 Zip: 33901 30 Country: Lee

4. FEI Number: 59-1628480 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRITEL, HARVEY M.D. 3800 EVANS AVENUE FT MYERS FL 33901	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2675 Winkler Avenue 83 Suite 460 84 City: Fort Myers FL 85 Zip Code: 33901

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: [signature] Harvey Tritel, M.D. 3/28/95
Signature, typed or printed name of registered agent and date, if applicable (NOTE: If filing Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☐ Change ☐ Addition
NAME	HARVEY, TRITLE	12 NAME	Tritel, Harvey
STREET ADDRESS	3800 EVANS AVE	13 STREET ADDRESS	2675 Winkler Ave.; Ste 460
CITY ST ZIP	FT. MYERS FL	14 CITY ST ZIP	Fort Myers, Fl. 33901
TITLE	VP	21 TITLE	VP ☐ Change ☐ Addition
NAME	PRIEST, STEVEN, MD	22 NAME	Priest, Steven V.
STREET ADDRESS	3800 EVANS AVE	23 STREET ADDRESS	2675 Winkler Ave; Ste 460
CITY ST ZIP	FT MYERS FL	24 CITY ST ZIP	Fort Myers, Fl. 33901
TITLE	S	31 TITLE	S ☐ Change ☐ Addition
NAME	BUTLER, JAMES F	32 NAME	Butler, James F.
STREET ADDRESS	3800 EVANS AVE	33 STREET ADDRESS	2675 Winkler Ave; Ste 460
CITY ST ZIP	FT. MYERS FL	34 CITY ST ZIP	Fort Myers, Fl. 33901
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: [signature] M.D. Harvey Tritel, M.D. 3/28/95 (813)936-3353
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Telephone Number

CP