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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1351 PINE STREET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 493266

(1)

Mailing Address 1351 PINE STREET

L. CHRISTIAN MOGELVANG, M.D., P.A.

FILED Mar 11 1997 8:00am Secretary of State

| 3s. Date of Last Report 02/29/1996 |
|------------------------------------|
| Applied For Not Applicab |
| |

| NAPLES FL 33 | | NAPLES FL 34106-3316 | | | 3. Date Incorporated or Qualified | 3s. Date | of Last Re | nort | |
|-----------------------------|---|-----------------------------------|---------------------------------------|--|---|--|--------------------------------|--------------|--|
| | | | | | 12/30/1975 | 02/29 | | , port | |
| 2. Principal F | Place of Business | 2a. Mailing Address | 2a. Mailing Address | | | | · | plied For | |
| 26 | | | | | 59-1640640 | | No | t Applicable | |
| Suite, Apl | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | \$8.75 A Fee Re | | |
| City & Sta | to | City & State | · · · · · · · · · · · · · · · · · · · | | | | \$5.00 May Be Added to Fees | | |
| <i>Z</i> ip | Country Zip Country | | untry | Trust Fund Contribution 8. This corporation has liability for | | | | | |
| 24 34 | 106 25 | 29 | 30 | · | | Yes 🔲 | | | |
| | 9. Name and Address of Cu | rrent Registered Agent | | | 10. Name and Address of New R | gistered Ag | ent | | |
| MO | GELVANG, SANDRA J.G. | | | 81 Name | | | | | |
| | RTH ROAD | | | 82 Street | Sandra J.G. Mogelvang Address (P.O. Box Number is Not Accepta | hlei | | | |
| | PLES FL 33939 | | | OL GUEEN | North Road | 0.0) | | | |
| | | | | 83 | | | | | |
| | | | | 84 City | | | 85 Zip (| `ode | |
| | | | | | Naples | | 3/1 | 04 | |
| 11. Pursuant | t to the provisions of Sections 607 | .0502 and 607.1508, Florida Stat | utes, the a | bove-name | d corporation submits this statement for the | purpose of ci | hanging it | s registered | |
| agent 1. | am familiar with, and accept the c | obligations of, Section 607.0505, | Florida Sta | tutes. | d corporation submits this statement for the poration's board of directors. I hereby acceptable | thr rue athou | ilineili as | registered | |
| SIGNATURE. | | | | | | | | | |
| | Signature Typed of primed name of registers | | | ed Agent signatu | e required when reinstating) | DATE | | | |
| 12. | · · · · · · · · · · · · · · · · · · · | S AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFI | | | · | |
| TITLE | DPT | ☐ DELETE | 1.1 1 | | DPT | Ų | Z Change | Addition | |
| NAME MOGELVANG, L CHRISTIAN | | N | 1.2 6 | | Mogelvang, L. Christia | n | | | |
| STREET ADDRESS | 1351 PINE STREET | | | TREET ADDRESS | 1351 Pine St., Naples, | | nα | | |
| CITY-S1-7-P | NAPLES, FL 00000 | DECETE | | ITY-ST-ZIP | | | Change | Addition | |
| TIFLE | | ☐ DELETE | 2.11 | | | Ļ | _ unange | Addition | |
| NAME | | | 2.2 6 | - | İ | | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | | | |
| City - S1-ZiP | | DELETE | | CITY-ST-ZIP | | | Change | Addition | |
| TITLE | | T DETEIE | 311 | | | L. | 1 Change | Audilion | |
| NAME | | | | IAME | | | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.1 3 | CITY-ST-ZIP | | ······································ | Change | Addition | |
| NAME | | | 4 | NAME | | L | oriengo | | |
| | | | ŀ | TREET ADDRESS | | | | | |
| STREET ADDRESS | | | | oinee i aduress City-St-Zip | | | | | |
| City - St - ZIP TITLE | | DELETE | 5.1 7 | | | Г | Change | Addition | |
| NAIME | | Balled Wood / L | | IAME | | - | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | | | |
| CITY - S1 - ZIP | | | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 611 | | | | Change | Addition | |
| NAME | | | 1 | IAME | | _ | _ •- | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | HTY-ST-ZIP | | | | | |
| OH 1 - OH 14 H | 1 | | | and the second | I | | _ | | |

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 his 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 within an address.

SIGNATURE:

PRESSIPENT