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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

22. Principal Place of Business	Last Report 31/1995 Applied For Not Applicable \$8.75 Additional Fee Required
Principul Flace of Business  3594 S. BROADWAY SUITE H FT. MYERS FL 33901 US  2. Principal Flace of Business  2a. Mailing Address 2b. Mailing Address  2c. Ma	Last Report 31/1995 Applied For Not Applicable \$8.75 Additional
Address  3594 S. BROADWAY SUITE H FT. MYERS FL 33901 US  2a. Mailing Address 2b. Mailing Address 2c. Maili	Last Report 31/1995 Applied For Not Applicable \$8.75 Additional
3594 S. BROADWAY SUITE H FT. MYERS FL 33901 US  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  3. Date Incorporated or Qualified O1/N  2. Principal Place of Business  2a. Mailing Address  4. FEI Number 59-1646220  Suito, Apt. #, etc.  5. Certificate of Status Desired City & State  Country  Zip  Country  Zip  Country  B. This corporation has liability for intangible tax u Florida Statutes  Fonda Statutes  Yes No  9. Name and Address of Current Registered Agent  COX, GENE, M.D. 3594 S. BROADWAY FT. MYERS FL 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 change or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I berefix accept the appointment as recommended to the previsions of State of Florida. Such change was authorized by the corporation's board of directors. I berefix accept the appointment as recommended to the prevision of the purpose of change or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I berefix accept the appointment as recommended to the prevision of the prevision of the purpose of change of the purpose of the appointment as recommended to the prevision of the purpose of change of the purpose of the appointment as recommended.	Applied For Not Applicable  \$8.75 Additional
FT. MYERS FL 33901 US  3. Date Incorporated or Qualified Q2/01/1976  3. Date Incorporated or Qualified Q1/0/1976  4. FEI Number 59-1646220  5. Certificate of Status Desired Q1/0/1976  5. Certificate of Status Desired Q1/0/1976  6. Election Campaign Financing Trust Fund Contribution Q1/0/1976  7. Trust Fund Contribution Q1/0/1976  8. This corporation has liability for intengible tax upon Provided Statutes Q1/0/1976  9. Name and Address of Current Registered Agent Q10. Name and Address of New Registered Agent Q10. Name Address Q10. Description Submits this statement for the purpose of the registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I berefy accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I berefy accept the appointment as registered agent.	Applied For Not Applicable  \$8.75 Additional
US  3. Date Incorporated or Qualified 01/3 3a. Date of O2/01/1976 3a. Date of O2/01/1976 01/3  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 559-1646220  Suite, Apt. #, etc. 5. Certificate of Status Desired 559-1646220  Suite, Apt. #, etc. 5. Certificate of Status Desired 559-1646220  City & State 6. Election Campaign Financing Trust Fund Contribution 57 Trust Fund Contribution 58 Trust Fund Contribution	Applied For Not Applicable  \$8.75 Additional
Suite, Apt. #, etc.	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	7
Trust Fund Contribution  Zip Country Zip Country B. This corporation has liability for intangible tax use Florida Statutes Ves No  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  COX, GENE, M.D. 3594 S. BROADWAY FT. MYERS FL 33901  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City  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 change 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 references.	
24 25 29 30 Florida Statutes Yes No  9. Name and Address of Current Registered Agent  COX, GENE, M.D. 3594 S. BROADWAY FT. MYERS FL 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 change 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 re-	\$5.00 May Be Added to Fees
COX, GENE, M.D.  3594 S. BROADWAY FT. MYERS FL 33901  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  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 change or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as recommendations and the provision of the state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as recommendation.	under s. 199.032,
COX, GENE, M.D. 3594 S. BROADWAY FT. MYERS FL 33901  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City  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 change 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 recommendations and the corporation of the corporation is board of directors. I hereby accept the appointment as recommendations.	ent
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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 refugiliar with and accept the obligations of. Section 607.0505. Florida Statutes	ging its registered office
	gistered agent. Fam
SIGNATURE Suprative typed or protect name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DI	IRECTORS IN 12
	Change
NAME COX, GENE, M.D. 1.2 NAME	
STHELL ADDRESS 3594 S. BROADWAY 1.3 STREET ADDRESS	
CITY ST ZIP FT. MYERS FL 1.4 CITY - ST - ZIP	
TITLE DELETE 2.1 TITLE	Change [] Addition
N-SME 22 NAME	
STHELL ADDRESS 23 STREET ADDRESS	
C1Y - S1 - Z1F	Change Addition
NAME 32 NAME	Change L. Addition
S'ESTI ADDRESS 33 STREET ADDRESS	
C/1Y-S1-Z/F 34 C/1Y-S1-Z/P	
	Change
NAME 42 NAME	_
STREET ADDRESS 4.3 STREET ADDRESS	
CHY ST ZIP : 44 CITY-ST-ZIP	
THE DELETE 5 TITLE	Change 🔲 Addition
NAME 52 NAME	
SPRET ADDRESS 5.3 STREET ADDRESS	
C 11-S1-74P 54 CITY-S1-71P	
_	0
NAM: 62 NAME	Change Addition
STREET ADDRESS 63 STREET ADDRESS	Change Addition
64 CITY ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 65 CIT	Change

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 changes, of on an attachment with an address. SIGNATURE: