FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10: 29

DOCUMENT # 601546 (5)

1. Corporation Name

SMITH, HENDRA & GERSON, M.D., P.A.

Principal Place of Business	Mailing Address
413 DEL PRADO, BLVD. SO. SUITE 202 CAPE CORAL FL 33990-5707 US	413 DEL PRADO, BLVD. SO. SUITE 202 CAPE CORAL FL 33990-5707 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/14/1969
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1274859 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GERSON, ROBERT E
413 DEL PRADO, BLVD., SOUTH
SUITE 202
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	GERSON, ROBERT E	1.2 NAME	
STREET ADDRESS	413 DEL PRADO, BLVD., SO., #202	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	SDVP	2.1 TITLE	☐ Change ☐ Addition
NAME	GERSON, DONALD E	2.2 NAME	
STREET ADDRESS	413 DEL PRADO BLVD., SO., #202	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	DTVP	3.1 TITLE	☐ Change ☐ Addition
NAME	WALTERS, JAMES S .M.D.	3.2 NAME	
STREET ADDRESS	413 DEL PRADO BLVD., DO., #202	3.3. STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	☐ Change ☐ Addition
NAME	PRY, RICHARD J M.D.	4.2 NAME	
STREET ADDRESS	413 DEL PRADO BLVD., SO., #202	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	DVP	5.1 TITLE	☐ Change ☐ Addition
NAME	TIENSTRA, JOESPH E M.D.	5.2 NAME	
STREET ADDRESS	413 DEL PRADO BLVD., SO., #202	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	☐ Change ☐ Addition
NAME	CORYELL, LAWRENCE W M.D.	6.2 NAME	
STREET ADDRESS	413 DEL PRADO, BLVD., SO., #202	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	6.4 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: ROBERT E. GERSON, M.D. JAN. 25, 1995 813 458-0761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0332141 GP

CORPORATION ANNUAL REPORT

12. OFFICERS AND DIRECTORS OF CORPORATION CONTINUED:

DIRECTOR/2ND VICE PRESIDENT
THOMAS G. PRESBREY, M.D.
413 DEL PRADO BLVD., S.
SUITE 202
CAPE CORAL, FL. 33990-5707

DIRECTOR/3RD VICE PRESIDENT
JOHN L. HOWARD, M.D.
413 DEL PRADO BLVD. S.
SUITE 202
CAPE CORAL, FL. 33990-5707

DIRECTOR/3RD VICE PRESIDENT
ROBERT P. WALKER, M.D.
413 DEL PRADO BLVD., S.
SUITE 202
CAPE CORAL, FL. 33990-5707