

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

10/14/1969

3a. Date of Last Report

01/30/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed 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 DIRECTORS IN 12

TITLE ☐ DELETE

NAME
GERSON, ROBERT E
STREET ADDRESS
413 DEL PRADO, BLVD., SO., #202
CITY-ST-ZIP
CAPE CORAL FL

TITLE ☐ DELETE

NAME
SDVP
GERSON, DONALD E
STREET ADDRESS
413 DEL PRADO BLVD., SO., #202
CITY-ST-ZIP
CAPE CORAL FL

TITLE ☐ DELETE

NAME
DTVP
WALTERS, JAMES S. M.D.
STREET ADDRESS
413 DEL PRADO BLVD., DO., #202
CITY-ST-ZIP
CAPE CORAL FL

TITLE ☐ DELETE

NAME
DVP
PRY, RICHARD J. M.D.
STREET ADDRESS
413 DEL PRADO BLVD., SO., #202
CITY-ST-ZIP
CAPE CORAL FL

TITLE ☐ DELETE

NAME
DVP
TIENSTRA, JOESPH E. M.D.
STREET ADDRESS
413 DEL PRADO BLVD., SO., #202
CITY-ST-ZIP
CAPE CORAL FL

TITLE ☐ DELETE

NAME
VPD
CORYELL, LAWRENCE W. M.D.
STREET ADDRESS
413 DEL PRADO, BLVD., SO., #202
CITY-ST-ZIP
CAPE CORAL FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

Date

941 458-0761

Daytime Phone

CR2E034 (12/95)

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