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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
413 DEL PRADO, BLVD. SO.
SUITE 202
CAPE CORAL FL 33990-5707
US

Mailing Address
413 DEL PRADO, BLVD. SO.
SUITE 202
CAPE CORAL FL 33990-5708
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
10/14/1969

3a. Date of Last Report
01/25/1996

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 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 in an attachment with an address.

SIGNATURE:

Robert E. Gerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97

Date

941 458-0761

Daytime Phone #

CR2E034 (9/96)

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**