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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 601546

(5)

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

# **FILED** Feb 27 1997 8:00am Secretary of State

413 DEL PRADO SUITE 202 CAPE CORAL F		413 DEL PRADO, BLVD. SUITE 202 CAPE CORAL FL 339904						
US		US			3. Date incorporated or Qualified 10/14/1969	3a. Date of Last Report 01/25/1996		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	1		pplied For
21		26 Suite, Apt. #, etc.		59-1274859		. N	ot Applicable	
Suite, Apt. #, etc 22				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	C	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip	Cour	try	8. This corporation has liability for in Florida Statutes	ntangible ta Yes		s. 199.032,
	9. Name and Address of Curren	, I " I			10. Name and Address of New Reg	gistered A	gent	
GER	ISON, ROBERT E			Name				
413	DEL PRADO, BLVD., SOUTH			Street Ado	dress (P.O. Box Number is Not Acceptab	ile)		
	TE 202							
CAP	E CORAL FL 33990			33				
				34 City		FL	85 Zip	Code
office or i	registered agent or both, in the State	of Florida. Such change wa	s authorized	by the corpora	rporation submits this statement for the p ation's board of directors, I hereby accep	ot the appo	intment a	s registered
agent La	am familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Statu	les.				
agent La	am familiar with, and accept the obligition of registered age.				ulred when reinstating)	DATÉ		
agent La	Styluarone typical or product name of registered age	ani and title if applicable (F			uired when reinslating) ADDITIONS/CHANGES TO OFFIC	CERS AND		
agent Fa	Signature: typed or creded name of registered age OFFICERS AN	n) oldspiktge kent bus pre	IO1E: Registered	Agent signature requ		CERS AND	DIRECTO Change	
agent Fa SIGNATURE 12. TILE NAME	Signature typed or provided partie of registered age OFFICERS ANI DP GERSON, ROBERT E	onl and title if applicable (*) D DIRECTORS  DELETE	13. 1.1 TUT	Ageni signalure requ E		CERS AND		
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ip and accurate and that my signature shall have the same legal effect as if made under o fed to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the corporation or the re appears in Block 12 or Block 13 if changed, or on an

SIGNATURE:

### 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