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Mar 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 33990-5707
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1969

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2075 W. FIRST ST.

Suite, Apt. #, etc.

22 SUITE 300

City & State

23 FORT MYERS FL

Zip

24 33901

Country

25 USA

2a. Mailing Address

26 2075 W. FIRST ST.

Suite, Apt. #, etc.

27 SUITE 300

City & State

28 FORT MYERS FL

Zip

29 33901

Country

30 USA

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)

2075 W. FIRST ST.

83 SUITE 300

84 City

FORT MYERS

FL

85 Zip Code
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 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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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
2075 W. FIRST ST SUITE 300
FORT MYERS FL 33901

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
2075 W. FIRST ST SUITE 300
FORT MYERS FL 33901

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
2075 W. FIRST ST SUITE 300
FORT MYERS FL 33901

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
2075 W. FIRST ST SUITE 300
FORT MYERS FL 33901

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
2075 W. FIRST ST SUITE 300
FORT MYERS FL 33901

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
2075 W. FIRST ST SUITE 300
FORT MYERS FL 33901

14. I 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 on an attachment with an address.

SIGNATURE:

Robert E. Gerson, M.D. 3/13/98 1 94-334-9191

CR2E034 (10/97)