

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 # 632689 (6)

1. Corporation Name
JOHN V. HUGILL, M.D., P.A.



Principal Place of Business
6120 WINKLER RD.
SUITE J
FT. MYERS FL 33919
US

Mailing Address
6120 WINKLER RD.
SUITE J
FT. MYERS FL 33919
US

3. Date Incorporated or Qualified
08/01/1979

3a. Date of Last Report
08/17/1995

2. Principal Place of Business

21 8660 College Parkway

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Fort Myers, FL

24 33919

Country

2a. Mailing Address

26 8660 College Parkway

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Fort Myers, FL

29 33919

Country

4. FEI Number
59-1929547

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

HUGILL, JOHN V M.D.
6120 WINKLER RD.
SUITE J
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8660 College Parkway

83 Suite 100

84 City Fort Myers

FL

85 Zip Code
33919

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 PD
HUGILL, JOHN V MD
STREET ADDRESS 6120 WINKLER RD. STE. J
CITY- ST- ZIP FT. MYERS FL 33919

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

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

8660 College Parkway, Suite 100
Fort Myers FL 33919

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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (12/95)