FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 695491

(1)

Mailing Address

HEALTH WORKS OF NAPLES, INC.

FILED May 29 1997 8:00am Secretary of State

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4-29-91

790 HARBOUR SUITE 1B		3113 BASIN STREET NAPLES FL 34112-5959						
NAPLES FL 339 US	940				3. Date Incorporated or Qualified 07/21/1981	3a. Date of L 04/22/199		
2. Principal P	Place of Business	2a. Mailing Address	Α	<u></u>	4. FEI Number	1 0 1/2 = 2 10 1	Applied For	
21 190	Harbour Dr	26 3113 30	em.	1	59- 2121877		Not Applicable	
22 Sulp. Apl	e B	Suite, Apt. #, etc.	H_		5. Certificate of Status Desired		.75 Additional ee Required	
City & State	ola, Il	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
24 341	02 25 County SA	zip34112 3	Country D	SA		Yes No		
	9, Name and Address of Current I	legistered Agent	81	Name	10. Name and Address of New Reg	istered Agent		
	TTY, KAREN LUTGEN		6'	Name			ļ	
NAPLES FL 33962			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83	02				
			63					
- (t)			84	City		FL 85	Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statutes, Florida. Such change was aut ons of, Section 607.0505, Floric	, the above horized by ta Statutes	e-named corpora the corpora	poration submits this statement for the pulicon's board of directors. I hereby accep	rpose of chang the appointme	ging its registered ant as registered	
SIGNATURE	Signature, typed or printed name of registered agent in	MOTE I			ired when reinstating)	DATE		
12,	OFFICERS AND I		13.	k signature requ	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	PD	DELETE	1,1 TITLE		ADDITIONO/OFFANGES TO OFFIC	Ch		
NAME	BEATTY, KAREN LUTGEN		1.2 NAME					
STREET ADDRESS	3113 BASIN STREET		1.3 STREET	ADDRESS				
CITY-ST-ZIP	NAPLES FL		1.4 CITY - S					
TITLE	111111111111111111111111111111111111111	DELETE	2.1 TITLE			☐ Ch	nange Addition	
NAME			2.2 NAMÉ				. –	
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP	{		2. 4 CITY-S	. 1			1	
TITLE		DELETE	3.1 TITLE			☐ Ch	ange Addition	
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY - S	1 - ZiP				
TITLE		☐ DELETE	4.1 TITLE			Ch	nange	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Ch	ange Addition	
NAME			5.2 NAME	.		11 -	_/. /	
STREET ADDRESS			5.3 STREET	ADDRESS		4/n 5	12919	
CITY-ST-ZIP			5.4 CITY - S	I - ZIP		104	-177	
TITLE		☐ DELETE	6.1 TITLE		200000000		ange 🔛 Addition	
NAME .		,	6.2 NAME		70000220 -06/06/970111	7010		
STREET ADDRESS	1 3.		6.3 STREET	ADDRESS	***165.00	1 010		
CITY-ST-ZIP			6.4 CITY-S					
informatio	on indicated on this annual report or sup	plemental annual report is true e receiver or trustee empowers	and accu	rate and that	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida St	effect as if mad	de under oath; that	