

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 733156 (4)**

1. Corporation Name

**DR. ELLA PIPER CENTER, INC.**



Principal Place of Business

**1771 EVANS AVENUE  
FT. MYERS FL 33901**

Mailing Address

**1771 EVANS AVENUE  
FT. MYERS FL 33901**

3. Date Incorporated or Qualified  
**06/24/1975**

3a. Date of Last Report  
**03/02/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip  
**33901-2599**

Country

28 Zip  
**33901-2599**

Country

4. FEI Number  
**59-1634230**

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

10. Name and Address of New Registered Agent

**BACON, BRENDA J  
1672 LOCKWOOD DRIVE  
FT MYERS FL 33916**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☒ DELETE  
NAME **ASMUTH, VIOLET**  
STREET ADDRESS **6153 STARLING WAY**  
CITY-ST-ZIP **SANIBEL FL**

1.1 TITLE **SD** ☐ Change ☒ Addition  
1.2 NAME **MANGAN, JOAN ROSE**  
1.3 STREET ADDRESS **663 ASTON GREENS BLVD.**  
1.4 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **D** ☐ DELETE  
NAME **ARYA, LYNNE**  
STREET ADDRESS **3800 MICHIGAN AVENUE**  
CITY-ST-ZIP **FT MYERS FL**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **GLOVER, LARRY**  
STREET ADDRESS **1515 HIGH ST**  
CITY-ST-ZIP **FT MYERS FL**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **CHAPMAN, CHARLES**  
3.3 STREET ADDRESS **3116 LAFAYETTE ST**  
3.4 CITY-ST-ZIP **FT MYERS FL 33916**

TITLE **PD** ☐ DELETE  
NAME **BACON, BRENDA**  
STREET ADDRESS **1572 LOCKWOOD DRIVE**  
CITY-ST-ZIP **FT MEYERS FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **FT MYERS FL 33916**

TITLE **D** ☐ DELETE  
NAME **BLACKSHEAR, FLOR**  
STREET ADDRESS **2922 ST CHARLES ST**  
CITY-ST-ZIP **FT MYERS FL**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **LEARY-KING, VIRGINIA**  
5.3 STREET ADDRESS **1113 SE 5 TER**  
5.4 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **VP** ☒ DELETE  
NAME **REHAK, DENNIS**  
STREET ADDRESS **52 LAGOON DRIVE**  
CITY-ST-ZIP **N FT. MYERS FL**

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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

*Brenda J. Bacon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941)332-5346

Date

Daytime Phone #

CP2E037 (12/95)