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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1771 EVANS AVENUE
FT. MYERS FL 33901-2599
US1771 EVANS AVENUE
FT. MYERS FL 33901-2550
US3. Date Incorporated or Qualified
06/24/19753a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

GLOVER, LARRY

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

1515 HIGH ST

83

84 City

FT MYERS

FL

85 Zip Code
33905

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
NAME MANGAN, JOAN R
STREET ADDRESS 633 ASHTON GREENS BLVD
CITY-ST-ZIP LEHIGH ACRES FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE VD
NAME ARYA, LYNNE
STREET ADDRESS 3800 MICHIGAN AVENUE
CITY-ST-ZIP FT MYERS FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE TD
NAME GLOVER, LARRY
STREET ADDRESS 1515 HIGH ST
CITY-ST-ZIP FT MYERS FL☐ DELETE3.1 TITLE PRESIDENT-DIRECTOR
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☒ Change ☐ AdditionTITLE PD
NAME BACON, BRENDA
STREET ADDRESS 1572 LOCKWOOD DRIVE
CITY-ST-ZIP FT MEYERS FL☒ DELETE4.1 TITLE DIRECTOR
4.2 NAME LEARY-KING, VIRGINIA
4.3 STREET ADDRESS 1113 SE 5 TER
4.4 CITY-ST-ZIP CAPE CORAL FL 33990☐ Change ☒ AdditionTITLE D
NAME BLACKSHEAR, FLOR
STREET ADDRESS 2922 ST CHARLES ST
CITY-ST-ZIP FT MYERS FL☐ DELETE5.1 TITLE TREASURER-DIRECTOR
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☒ Change ☐ AdditionTITLE D
NAME CHAPMAN, CHARLES
STREET ADDRESS 3116 LAFAYETTE ST
CITY-ST-ZIP FT MYERS FL☒ DELETE6.1 TITLE DIRECTOR
6.2 NAME JACKSON, WILLIE
6.3 STREET ADDRESS 2604 ST CHARLES ST
6.4 CITY-ST-ZIP FT MYERS FL 33916☐ Change ☒ Addition

14. I do 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 617, 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 # 0055854

CR2E037 (9/96)

941-332-5346