

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1971 FRENCH STREET FT. MYERS FL US 33916	Mailing Address P.O. BOX 50788 FORT MYERS; FL 33994 US
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. BOX 50788 27 Suite, Apt. #, etc. 28 FORT MYERS, FLORIDA 29 33994 30 US
---	--

3. Date Incorporated or Qualified 06/24/1975	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1634230	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BACON, BRENDA J. LARRY GLOVER 1072 LOCKWOOD DRIVE 1924 FOUNTAIN STREET FT. MYERS FL 33916 FORT MYERS, FLORIDA 33916	
--	--

10. Name and Address of New Registered Agent 81 Name LARRY GLOVER 82 Street Address (P.O. Box Number is Not Acceptable) 1924 FOUNTAIN STREET 83 FORT MYERS, 84 City 85 Zip Code FL 33916
--

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 Larry Glover Larry Glover 6/24/98
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 SD	<input checked="" type="checkbox"/> DELETE
NAME MANGAN, JOAN R	
STREET ADDRESS 633 ASHTON GREENS BLVD	
CITY-ST-ZIP LEHIGH ACRES FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME ARYA, LYNNE	
STREET ADDRESS 3800 MICHIGAN AVENUE	
CITY-ST-ZIP FT MYERS FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME GLOVER, LARRY	
STREET ADDRESS 1924 FOUNTAIN STREET	
CITY-ST-ZIP FT MYERS FL 33916	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME LEARY-KING, VIRGINIA	
STREET ADDRESS 1113 SE 5TH TERR	
CITY-ST-ZIP CAPE CORAL FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME BLACKSHEAR, FLOR	
STREET ADDRESS 2922 ST CHARLES ST	
CITY-ST-ZIP FT MYERS FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME JACKSON, WILLIE	
STREET ADDRESS 2804 ST. CHARLES ST.	
CITY-ST-ZIP FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JOSEPH BATTLE	
1.3 STREET ADDRESS 33905	
1.4 CITY-ST-ZIP 4988 HOWARD STREET FORT MYERS, FL	
2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BATTLE WILLIE	
2.3 STREET ADDRESS 2602 ALVA PLACE	
2.4 CITY-ST-ZIP LEHIGH ACRES, FL 33916	
3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME ROBINSON, EUGENE	
3.3 STREET ADDRESS 3066 APACHE STREET	
3.4 CITY-ST-ZIP FORT MYERS, FLORIDA 33916	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME THEODORE R. GATTIC	
4.3 STREET ADDRESS 3992 MANASSAS COURT	
4.4 CITY-ST-ZIP FORT MYERS, FLORIDA 33905	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME GUTIERREZ, ACIANO	
5.3 STREET ADDRESS 2475 CENTRAL AVE. #3	
5.4 CITY-ST-ZIP FORT MYERS, FLORIDA 33916	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME MUHAMMAD, WILL	
6.3 STREET ADDRESS 1859 C STREET	
6.4 CITY-ST-ZIP FORT MYERS, FLORIDA 33902	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry Glover 5/4/98 337-5826

CR2E037 (10/97)