

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 733156

1. Entity Name
DR. ELLA PIPER CENTER, INC.



Principal Place of Business
**1971 FRENCH ST
FT. MYERS, FL 33916 US**

Mailing Address
**1971 FRENCH ST
FT. MYERS, FL 33916 US**



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1634230

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BATTLE, WILLIE
1971 FRENCH ST
FT. MYERS, FL 33916**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000307705
04/15/05-80064-015 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BATTLE, JOSEPH
1971 FRENCH ST
FT. MYERS, FL 33916**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BATTLE, WILLIE
1971 FRENCH ST
FT. MYERS, FL 33916**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MUHAMMAD, WILL
1971 FRENCH ST
FT. MYERS, FL 33916**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Willie Battle Willie Battle 4/12/05 239 340-8435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #