SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $283)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 10:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 765006 (2)

1. Corporation Name
SOUTHWEST FLORIDA MEDICAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
2727 WINKLER AVE FT MYERS FL 33901-9302	2727 WINKLER AVE FT MYERS FL 33901-9302

3. Date Incorporated or Qualified: 09/15/1982
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2214821 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

JARRELL, JAY A.
2727 WINKLER AVE.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
				☐ Change	☑ Addition
TITLE	D		11 TITLE	D	
NAME	STEIER, MICHAEL MD	DELETION	12 NAME	BISBEE, CHARLES A. M.D.	
STREET ADDRESS	3800 EVANS AVE		13 STREET ADDRESS	3949 EVANS AVE #102	
CITY-ST-ZIP	FT MYERS FL		14 CITY-ST-ZIP	FT MYERS, FL 33901	
TITLE	D		21 TITLE	D	
NAME	BEEHLER, CECIL C MD	DELETION	22 NAME	EKDAHL, PATRICIA J.	
STREET ADDRESS	4225 EVANS AVE		23 STREET ADDRESS	2727 WINKLER AVE	
CITY-ST-ZIP	FT MYERS FL		24 CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	PD		31 TITLE	D	
NAME	HALL, CHARLES J.	DELETION	32 NAME	TURKEL, M. BROOKS	
STREET ADDRESS	2727 WINKLER AVE.		33 STREET ADDRESS	2727 WINKLER AVE	
CITY-ST-ZIP	FT MYERS FL		34 CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	TD		41 TITLE		
NAME	JARRELL, JAY A.		42 NAME		
STREET ADDRESS	2727 WINKLER AVE		43 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		44 CITY-ST-ZIP		
TITLE	SD		51 TITLE	D	
NAME	BENEFIELD, DEWAYNE	DELETION	52 NAME	Zitke, MARILYN	
STREET ADDRESS	2727 WINKLER AVE.		53 STREET ADDRESS	2727 WINKLER AVE	
CITY-ST-ZIP	FT MYERS FL 33901		54 CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE			61 TITLE		
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (3/95)

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 if changed, or on an attachment with an address.

SIGNATURE: M. Brooks Turkel 8/1/95 941/939-2085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
M. BROOKS TURKEL

0014300