## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

**CULLEN, PATRICK A** 

FT MYERS FL FL 33901

3594 BROADWAY SUITE A



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

1996 F14262 DOCUMENT #

1. Corporation Name

PATRICK A. CULLEN, M.D., P.A.

	· · · · · · · · · · · · · · · · · · ·							
Principal Place of Br	usiness	Mailing Address						
3594 BROADWAY SUITE A FT MYERS FL 33901		3594 BROADWAY Suite A Ft Myers FL 33901						
					3. Date Incorporated or Qualified 01/09/1981		3a. Date of Last Report 04/26/1995	
2. Frincipal Place of Business		2a. N	Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number		Applied For	
		26			59-2065460	Not Applicable		
Suite, Apt. #, etc. 22		27	Suite, Apt. #, etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State 23		28	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zφ. <b>24</b>	Country 25	<b>29</b>	Žijo	Country 30	8. This corporation has liability for Florida Statutes 💢 Yes	intangible ta	under s. 199.032,	
9.	Name and Address of Cu	rrent Registe	red Agent		10. Name and Address of New R	egistered A	gent	

11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 1 am for the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am

83

Name

City

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

SIGNATURE	Signature, types or printed name of registered agent an		TE Registered Agent signature required	DATE	DATE		
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
1 11.5	DR DATBIOK A	☐ DELETE	1 1 TITLE		☐ Change	Addition	
NAME	CULLEN, PATRICK A 3594 BROADWAY #A		12 NAME				
STREET ADCRESS			13 STREET ADDRESS				
CIT ST Zir	FT MYERS FL		1.4 CITY-ST-ZIP				
TILE		☐ DELETE	2 1 THTLE		☐ Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS			23 STREET ADDRESS				
OUT ST ZE			2 4 CITY - ST - ZIP				
11:cf		☐ DELETE	3 1 TITLE		☐ Change	Addition	
NAME			3.2 NAME				
STHELF ADDRESS			3.3 STREET ADDRESS				
CITY - 5" - <b>Z</b> IP			3 4 CITY-ST-ZIP				
1111F		☐ DELETE	4. 1 TITLE		Change	Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST ZIP			4.4 CITY - ST - ZIP				
111.6		☐ DELETE	5 1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADOPESS			5 3 STREET ADDRESS				
CITY - ST - ZIP			5 4 CITY - ST- ZIP				
10.6		☐ DELETE	6 1 TITLE		☐ Change	☐ Add₁tion	
NAME			6 2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
City St zif			6.4 CITY - ST - ZIP				

14. Ido 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)(A). 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

OFFICER OR DIRECTOR

(941)936-1418

THE REPORT OF THE PROPERTY OF

Zip Code

85