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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 24 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F50839** **(2)**

1. Corporation Name

CAPE CORAL FAMILY PHYSICIANS ASSOCIATION, M.D., P.A.

Principal Place of Business	Mailing Address
1501 VISCAYA PKWY..#1 CAPE CORAL FL 33990-3239	1501 VISCAYA PKWY..#1 CAPE CORAL FL 33990-3239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/22/1981**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2121497** ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

SIMENSON, JANE M.D.
1501 VISCAY PWKY
CAPE CORAL FL 33990

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 607.0502 and 607.1508, 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 607.0505, 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	
TITLE	DAS	1.1 TITLE	☐ Change ☐ Addition
NAME	CURTIS, CHARLES H.	1.2 NAME	
STREET ADDRESS	1501 VISCAYA PKWY.,#1	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	SIMENSON, JANE L	2.2 NAME	
STREET ADDRESS	1501 VISCAYA PKWY.,#1	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	SELL, BARRY J	3.2 NAME	
STREET ADDRESS	1501 VISCAYA PKWY.,#1	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	GIROUX, LAWRENCE J	4.2 NAME	
STREET ADDRESS	1501 VISCAYA PKWY.,#1	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	LUKOWICZ, STEPHEN J	5.2 NAME	
STREET ADDRESS	1501 VISCAYA PKWY.,#1	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	☐ Change ☐ Addition
NAME	KIRLEY, F. RICHARD	6.2 NAME	
STREET ADDRESS	1501 VISCAYA PKWY.,#1	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP	

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

SIGNATURE: Jane Simenson MD 19 Apr 95 813-574-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP

F50839

CAPE CORAL FAMILY PHYSICIANS ASSOCIATION, M.D., P.A.

FEIN: 59-2121497

ADDITIONAL OFFICER/AND/OR DIRECTOR:

TITLE: DAT

NAME: VERWEST, MICHAEL S.

STREET
ADDRESS: 1501 VISCAYA PARKWAY, #1

CITY,
STATE, ZIP: CAPE CORAL, FLORIDA 33990