FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

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

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

Mailing Address
1501 VISCAYA PKWY.,#1
CAPE CORAL FL 33990-3239

3. Date Incorporated or Qualified: **10/22/1981**
3a. Date of Last Report: **04/24/1995**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.0506, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I hereby certify that the corporation's Board of Directors has authorized the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	DAS	☐ DELETE
NAME	CURTIS, CHARLES H.	
STREET ADDRESS	1501 VISCAYA PKWY.,#1	
CITY, ST, ZIP	CAPE CORAL FL	
TITLE	PD	☐ DELETE
NAME	SIMENSON, JANE L	
STREET ADDRESS	1501 VISCAYA PKWY.,#1	
CITY, ST, ZIP	CAPE CORAL FL	
TITLE	DV	☐ DELETE
NAME	SELL, BARRY J	
STREET ADDRESS	1501 VISCAYA PKWY.,#1	
CITY, ST, ZIP	CAPE CORAL FL	
TITLE	DV	☐ DELETE
NAME	GIROUX, LAWRENCE J	
STREET ADDRESS	1501 VISCAYA PKWY.,#1	
CITY, ST, ZIP	CAPE CORAL FL	
TITLE	DS	☐ DELETE
NAME	LUKOWICZ, STEPHEN J	
STREET ADDRESS	1501 VISCAYA PKWY.,#1	
CITY, ST, ZIP	CAPE CORAL FL	
TITLE	DT	☐ DELETE
NAME	KIRLEY, F. RICHARD	
STREET ADDRESS	1501 VISCAYA PKWY.,#1	
CITY, ST, ZIP	CAPE CORAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE		☐ Change ☐ Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, ST, ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
31. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
41. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I do hereby certify that the information supplied on this report or amendment is true and correct and that I am not entitled to 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is entered in Block 14 if applicable.

SIGNATURE: Jane Simenson MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Mar 96
Date

941-574-1888
Daytime Phone #

CR2E034 (12/95)