

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006516 (6)**

1. Corporation Name

**PHYSICIAN APPRAISAL SERVICE, INC.**

Principal Place of Business

**314 FIFTH AVENUE, SOUTH #244  
NAPLES FL 34102**

Mailing Address

**314 FIFTH AVENUE, SOUTH #244  
NAPLES FL 34102**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/13/1996**

3a. Date of Last Report

4. FEI Number  
**58-2185987**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 **300 Fifth Ave, South**  
Suite, Apt. #, etc.  
22 **Suite #244**  
City & State  
23 **Naples, FL**  
Zip  
24 **34103** Country  
25 **Collier**  
26 **300 Fifth Avenue, S.**  
Suite, Apt. #, etc.  
27 **Suite 244**  
City & State  
28 **Naples**  
Zip  
29 **34103** Country  
30 **Collier**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLIFFLOWER, CHARLES E**  
~~**1900 ALAMANDA DR. #244**~~  
~~**NAPLES FL 34102**~~

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**646 Park Shore Dr.**  
83  
84 City **Naples** FL 85 Zip Code **34103**

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

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLIFFLOWER, CHARLES E</b>	1.2 NAME	
STREET ADDRESS	<b>1900 ALAMANDA DR. #304</b>	1.3 STREET ADDRESS	<b>646 Park Shore Dr.</b>
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	1.4 CITY-ST-ZIP	<b>Naples, FL 34103</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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

*Charles E. Colliflower* *12/13/96*

CR2E034 (4/97)