## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G17824

(5)

Mailing Address

VALERIE CRANDALL, M.D., P.A.

FILED May 21 1997 8:00an Secretary of State



3900 BROADWA SUITE 14 FT. MYERS FL:	•	3900 BROADWAY, SUITE 14 FORT MYERS FL 33901-8180								
US	•					3. Date Incorporated or Qualified 01/01/1983		ate of Last F 10/1996	Report	
	lace of Business	2a. Mailing Address				4. FEI Number		<del></del>	pplied For	]
Suile, Apt.	# site	26 Suite Ant # etc	Suite, Apt. #, etc.			59-2245326			ot Applicable	-
22	•	27	··			5. Certificate of Status Desired		•	Additional equired	
City & State	0 •	City & State	<del> </del>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
2ip	Country Zip Cc 25 29 30			8. This corporation has liability for intangible tax under s. 199,03 Florida Statutes					3. 1 <b>99</b> .032,	
		s of Current Registered Agent		~~~~		10. Name and Address of New Reg	istered.	Agent		1
JACK	(SON, JERRY L.			<b>81</b> Na	ne					
l	TREEHAVEN CIRCLE JYERS FL 33907			<b>82</b> Stre	et Addre	ss (P.O. Box Number is Not Acceptable	e)			
, , ,				83						1
				64 City			FL		Code	
11. Pursuant t office or re agent it al	to the provisions of Sectic egislered agent, or both, m familiar with, and acce	ons 607.0502 and 607.1508, Florida 5 in the State of Florida Such change of the obligations of Section 607.050	Statutes, the at was authorized 35, Florida Stat	xove-nan by the utes.	ed corpo corporation	oration submits this statement for the public board of directors. Thereby accept	urpose of t the app	changing i ointment as	ts registered registered	
SIGNATURE	W. T. B. COLON D. C. CONTROL DEPOSITION OF CONTRACTOR	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	·					***************************************		
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: R OFFICERS AND DIRECTORS			flegistered Agent signature require		d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE COC AND	DIDECTOL	DC IN 12	1~
TATLE	P		DELETE 1.11			ADDITIONS/CHANGES TO OFFICE	CHO ANL	Change	Addition	\ <b>&amp;</b>
NAME				1.2 NAME						CR2E034 (9/96)
	STREET ADDRESS 3960 BROADWAY, SUITE 14			1.3 STREET ADDRESS						8
COTY - ST-2IF	FT. MYERS FL			Y-ST- <b>ZI</b> P						N N
TITLE	ST	DELET				······································		Change	Addition	[5
NAME	JACKSON, JERRY			2.2 NAME						
STREET ADORESS	2160 TREEHAVEN C	RCLE	2.3 \$1	REET ADDRE	ss					
CITY ST-ZIP	FT. MYERS FL		2. 4 CI	TY - ST - ZIP						
TITLE		☐ DELET	3.1 TH	iE				Change	Addition	}
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 \$1	REET ADDRE	SS					}
CITY - STZIP				TY-ST-ZIP						
TITLE		L] DELET	E 4.1 T()	LE				Change	Addition	
NAME			4. 2 N/	ME						
STREET ADDRESS			4.3 ST	reet addre	SS					
ÇHY-ST-ZIP				Y-ST-ZIP				<del></del>		1
TITLE		[_] DELET			•			Change	Addition	
NAME			5.2 NA							
STREET ADDRESS			5.3 ST	REET ADORE	SS					
City-St-ZiP		Thomas		Y-ST-ZIP					Con Extraords	-
TOTALE		L DELET						Change	Addition	
NAME			6.2 NA							
STREEL ADDRESS				REET ADDRE	SS					
[1]Y-\$1-7)P	w cartify that the informat	ion supplied with this filing does not		Y-ST-ZIP	n etetod	in Section 119 07/3Vi) Floride Statutes	l fuethar	nodili the	the	1

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 Larir 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:** 

SIGNATURE AND TYPED OR PRINTIPO NAME OF SIGNING OFFICER OR DIRECTOR

L -JAckson

5-15-97

Daytime Phone #