

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 1:53

DOCUMENT # **G93933**

(1)

1. Corporation Name

DMS OF FORT MYERS, INC.

Principal Place of Business

3900 BROADWAY UNIT 1 BLDG. C
FT. MYERS FL 33901

Mailing Address

3900 BROADWAY UNIT 1 BLDG. C
FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/29/1984

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2454657

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 Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes.☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CATTERTON, DEZRA
2106 DREW ST #103
CLEARWATER FL 34625

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS
NAME	RYGIEL, ROBIN L
STREET ADDRESS	2106 DREW ST #103
CITY-ST-ZIP	CLEARWATER FL
TITLE	V
NAME	OLSON, KATHLEEN A
STREET ADDRESS	2106 DREW ST #103
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	DRESDEN, GARY A. M.D.
STREET ADDRESS	2106 DREW ST #103
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	TICKTIN, HAROLD J.
STREET ADDRESS	2106 DREW ST #103
CITY-ST-ZIP	CLEARWATER FL
TITLE	T
NAME	MILLER, MELINDA
STREET ADDRESS	2106 DREW ST #103
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(4), 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, changed, or on an attachment with an address.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
 Robin L. Rygiel

3-17-95

Date

813442-0445

Filing Number