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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G93933

(1)

1. Corporation Name

DMS OF FORT MYERS, INC.

Principal Place of Business

3900 BROADWAY
BUILDING C
FORT MYERS FL 33901
US

Mailing Address

2106 DREW ST.
103
CLEARWATER FL 34625-3280
US

3. Date Incorporated or Qualified
02/29/1984

3a. Date of Last Report
05/01/1996

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 Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 BUILDING C, UNIT 1

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CATTERTON, DEZRA
2106 DREW ST #103
CLEARWATER FL 34625

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Melinda R. Miller
MELINDA R. MILLER
TREASURER

4-29-97

813/442-0445

Date Daytime Phone #

CR2E034 (9/96)