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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H91418

(4)

E. JOHN EBERHARD, M.D., P.A.

FILED								
Apr 21 1997 8:00am								
Secretary of State								

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<u></u>						_			
Principal Place of Business Mailing Address									
* E. JOHN EBERHÁRD 1032 GOODLETTE ROAD. NORTH NAPLES FL 33940-2449		% E. John Eberhard 1032 goodlette road. North Naples Fl 34102-5449							
						3. Date Incorporated or Qualified 01/01/1986	3a. Date of La 05/01/199		
	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				59-2618891		Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 4 7	75 Additional ee Required	
City & Stat	e -	City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip	Country	Zip		Country		8. This corporation has liability for i			
24	25	29	30	}] Yes 🔲 No		
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered Agent		
EBERHARD, E. JOHN 81 Name									
1032 GOODLETTE ROAD, NORTH					reet Addr	ess (P.O. Box Number is Not Acceptab	le)		
NAPLES FL 33940									
				83					
				84 C	-			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									
			(NOTE: Fix	egistered Agent signature require		ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12. TITLE	D OFFICERS AN		EI ETE	13. 1,110LE		ADDITIONS/CHANGES TO OFFIC	EHS AND DIREC		
NAME	PARALLER C JOIN			1.2 NAME			L_] Olic	inge [] Addition	
STREET ADDRESS	1032 GOODLETTE ROAD, N.			1.2 NAME 1.3 STREET ADD	eree				
	NAPLES FL				1				
CITY-ST-ZIP TITUE	TITU CLO I C		ELETE	2.1 TITLE	<u>_</u>		Cha	nge Addition	
NAME		<u></u> 0		2.2 NAME			One	mile C Manifold	
STREET ADDRESS				2.3 STREET ADD	DECC				
	}				1				
CITY-ST-ZIP TITLE		<u>-</u>	ELETE	2. 4 CITY - ST - ZI 3.1 TITLE	<u>r</u>		Cha	inge Addition	
NAME		السا ا	,.	3.1 NAME			- One	go <u>L_1</u> resultion	
STREET ADDRESS	1			33 STREET ADD	0100				
CITY-ST-ZIP				3.4. CITY-ST-Z					
TITLE		[7]	ELETE	4.1 TITLE	-		Cha	nnge Addition	

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 supplied annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or this ceiver or flusted 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 or the corporation with an address.

4. 2 NAME

51 THLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CHY-S1-ZIP

5.4 CITY - \$1 - ZIP

4.4 CITY-ST-ZIP

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1

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-\$1-2IP

CITY-ST-ZIP

CITY-\$T-ZIP

/

262091794

Change

Change

Addition

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