

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J49799** (6)

1. Corporation Name

MICHAEL D. LUSK, M.D., P.A.



Principal Place of Business

**681 GOODLETTE RD N
SUITE 210
NAPLES FL 33940**

Mailing Address

**681 GOODLETTE RD N
SUITE 210
NAPLES FL 33940**

3. Date Incorporated or Qualified
12/29/1986

3a. Date of Last Report
06/28/1995

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

4. FEI Number
59-2710834

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

9. Name and Address of Current Registered Agent

**LUSK, MICHAEL D.
681 GOODLETTE ROAD NORTH, #210
NAPLES FL 33940**

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 of person making this statement is required.)

(Signature of Registered Agent is required, when record filed.)

DATE

12. OFFICERS AND DIRECTORS

12.1. NAME
12.2. STREET ADDRESS
12.3. CITY, ST, ZIP
12.4. TITLE
12.5. NAME
12.6. STREET ADDRESS
12.7. CITY, ST, ZIP
12.8. TITLE
12.9. NAME
12.10. STREET ADDRESS
12.11. CITY, ST, ZIP
12.12. TITLE
12.13. NAME
12.14. STREET ADDRESS
12.15. CITY, ST, ZIP
12.16. TITLE
12.17. NAME
12.18. STREET ADDRESS
12.19. CITY, ST, ZIP
12.20. TITLE

**D
LUSK, MICHAEL D.
681 GOODLETTE ROAD, NORTH #210
NAPLES FL**
☐ DELETE
**T
LUSK, MARIANNE
681 GOODLETTE ROAD, NORTH #210
NAPLES FL**
☐ DELETE
**S
CARTER, PAM
681 GOODLETTE ROAD, NORTH #210
NAPLES FL**
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1. 1.1 TITLE
13.2. 1.2 NAME
13.3. 1.3 STREET ADDRESS
13.4. 1.4 CITY, ST, ZIP
13.5. 2.1 TITLE
13.6. 2.2 NAME
13.7. 2.3 STREET ADDRESS
13.8. 2.4 CITY, ST, ZIP
13.9. 3.1 TITLE
13.10. 3.2 NAME
13.11. 3.3 STREET ADDRESS
13.12. 3.4 CITY, ST, ZIP
13.13. 4.1 TITLE
13.14. 4.2 NAME
13.15. 4.3 STREET ADDRESS
13.16. 4.4 CITY, ST, ZIP
13.17. 5.1 TITLE
13.18. 5.2 NAME
13.19. 5.3 STREET ADDRESS
13.20. 5.4 CITY, ST, ZIP
13.21. 6.1 TITLE
13.22. 6.2 NAME
13.23. 6.3 STREET ADDRESS
13.24. 6.4 CITY, ST, ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition

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)(k), 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: *Marianne Lusk* **MARIANNE LUSK (TREASURER) 2/31/96 (94) J49-1662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)