FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 3-3-95 B-1791 NC

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR -3 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # K05617 (1)

1. Corporation Name
CHILDREN'S CENTRE, M.D., P.A.

Principal Place of Business	Mailing Address
9350 CAMELOT DRIVE FT. MYERS FL 33919	9350 CAMELOT DRIVE FT. MYERS FL 33919

3. Date Incorporated or Qualified: 12/08/1987
3a. Date of Last Report: 03/14/1994
4. FEI Number: 65-0015613 ☐ 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 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

RITROSKY, JOHN JR., M.D.
9350 CAMELOT DRIVE
FT. MYERS FL 33919

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 ____ (Typed or Printed Name of Registered Agent and title if applicable) NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	RITROSKY, JOHN JR.,M.D.	1 2 NAME	
STREET ADDRESS	9350 CAMELOT DRIVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	BARTLETT, JOHN W., M.D.	2 2 NAME	
STREET ADDRESS	9350 CAMELOT DRIVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2 4 CITY-ST-ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	GUTTERY, EDWIN G., M.D.	3 2 NAME	
STREET ADDRESS	9350 CAMELOT DRIVE	3 3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	MON, MANUEL J., M.D.	4 2 NAME	
STREET ADDRESS	9350 CAMLEOT DRIVE	4 3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	LEAKE, HUNTER C., M.D.	5 2 NAME	
STREET ADDRESS	9350 CAMELOT DRIVE	5 3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5 4 CITY-ST-ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	SEITZ, THOMAS L, M.D.	6 2 NAME	
STREET ADDRESS	9350 CAMELOT DRIVE	6 3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	6 4 CITY-ST-ZIP	

14. I the undersigned 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: [signature] 2/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023184 CP