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FILED

Feb 28 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 # K05617

(1)

1. Corporation Name:

CHILDREN'S CENTRE, M.D., P.A.

Principal Place of Business

9350 CAMELOT DRIVE
FT. MYERS FL 33919

Mailing Address

9350 CAMELOT DRIVE
FT. MYERS FL 33919-7980

3. Date Incorporated or Qualified

12/08/1987

3a. Date of Last Report

06/25/1996

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

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RITROSKY, JOHN JR., M.D.	
STREET ADDRESS	9350 CAMELOT DRIVE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTLETT, JOHN W., M.D.	
STREET ADDRESS	9350 CAMELOT DRIVE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTTERY, EDWIN G., M.D.	
STREET ADDRESS	9350 CAMELOT DRIVE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MON, MANUEL J., M.D.	
STREET ADDRESS	9350 CAMELOT DRIVE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEAKE, HUNTER C., M.D.	
STREET ADDRESS	9350 CAMELOT DRIVE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEITZ, THOMAS L, M.D.	
STREET ADDRESS	9350 CAMELOT DRIVE	
CITY - ST - ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

John Ritrosky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-97 481-8320

CR2E034 (9/96)