

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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # K11322

(0)

1. Corporation Name

RIVERDALE MEDICAL CENTER, INC.

Principal Place of Business

14770 PALM BEACH BLVD.
FT. MYERS FL 33905
US

Mailing Address

% JAMES L. SAYER
35 PATIO DELEON
FORT MYERS FL 33901-2938

3. Date Incorporated or Qualified

01/06/1988

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 % James L. Sayer

27 Suite, Apt. #, etc.

27 37 Patio DeLeon

28 City & State

28 Fort Myers, FL

29 Zip

33901

Country

30 Lee

4. FEI Number

65-0088003

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

SAYER, JAMES L
14770 PALM BEACH BLVD.
FT. MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name Sayer, James L.
82 Street Address (P.O. Box Number is Not Acceptable)
37 Patio DeLeon
83
84 City Fort Myers FL 85 Zip Code 33901

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

James L. Sayer

(NOTE: Registered Agent signature required when reinstating)

April 25, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
SAYER, JAMES L
STREET ADDRESS 35 PATIO DELEON
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☐ DELETE

NAME ST
MOGINN, MICHAEL R
STREET ADDRESS 1716 FOWLER ST.
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

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

SIGNATURE REQUIRED

JAMES L. SAYER, 941-412-102 332-1820

CR2E034 (9/96)