

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:29**

DOCUMENT # L13236 (9)

1. Corporation Name

GREENTREE PROFESSIONAL CENTRE, INC.

Principal Place of Business

10621 AIRPORT-PULLING RD N
STE - 3
NAPLES FL 33942-1599
US

Mailing Address

10621 AIRPORT-PULLING RD. N.
SUITE #3
NAPLES FL 33942-1599
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/31/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0193820

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. 10621 Airport-Pulling Rd. N.

2a. Mailing Address

26. 10621 Airport-Pulling Rd. N.

City, Apt. #, etc.

City, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, JERRY A.
10621 AIRPORT-PULLING RD. N.
SUITE #3
NAPLES FL 33942

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROSS, JERRY A.
STREET ADDRESS 10621 AIRPORT-PULLING RD. N., SUITE #3
CITY- ST- ZIP NAPLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE VD
NAME ROSS, EVELYN L
STREET ADDRESS 10621 AIRPORT-PULLING RD. N., SUITE #3
CITY- ST- ZIP NAPLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE STD
NAME ROSS, DOROTHY B.
STREET ADDRESS 10621 AIRPORT-PULLING RD. N. SUITE #3
CITY- ST- ZIP NAPLES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 10621 Airport-Pulling Rd. N., Suite #3
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as an attachment with an address.

SIGNATURE:

[Signature]

Jerry A. Ross, PD

3/21/95

(813) 591-0999