

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M43872** (4)

1. Corporation Name
RALPH ARWOOD, M.D., P.A.



Principal Place of Business

**2335 TAMiami TRAIL NORTH
#508
NAPLES FL 33940**

Mailing Address

**2335 TAMiami TRAIL NORTH
#508
NAPLES FL 33940**

2. Principal Place of Business

21 **1717 Gulf Shore Blvd. North**

Suite, Apt. #, etc.

22 **501**

City & State

23 **Naples, FL**

Zip

24 **33940-4933**

Country

25 **U.S.A.**

2a. Mailing Address

26 **1717 Gulf Shore Blvd. North**

Suite, Apt. #, etc.

27 **501**

City & State

28 **Naples, FL**

Zip

29 **33940-4933**

Country

30 **U.S.A.**

3. Date Incorporated or Qualified
01/01/1987

3a. Date of Last Report
05/01/1995

4. FET Number

59-2736591

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

**ARWOOD, RALPH
2335 TAMiami TRAIL NORTH, SUITE 508
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name **ARWOOD, Ralph**
82 Street Address (P.O. Box Number is Not Acceptable)
1717 Gulf Shore Blvd. North
83 **Suite 501**
84 City **Naples,** **FL** 85 Zip Code **33940-4933**

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

Ralph Arwood
Signature of registered agent and title if applicable

Ralph Arwood, President

04/03/96

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	ARWOOD, RALPH III	2335 TAMiami TRAIL NO.	NAPLES FL	<input type="checkbox"/>
S	SABERTSCHNIG, GISELA	2335 TAMiami TRAIL NO.	NAPLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	ARWOOD, Ralph	1717 Gulf Shore Blvd. North #501	Naples, FL 33940-4933	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S	SABERTSCHNIG, Gisela	1717 Gulf Shore Blvd. North #501	Naples, FL 33940-4933	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ralph Arwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/96

(941) 649-1989

CR2E034 (12/95)