

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005
Secretary of State

DOCUMENT# N03000008402

Entity Name: MEDASSIST OF SWFL, INC.

Current Principal Place of Business:

C/O JOSEPHINE GAGLIARDI, ESQ.
6361 PRESIDENTIAL CT., STE. B
FORT MYERS, FL 33919

New Principal Place of Business:

C/O RICHARD BUTLER
12830 UNIVERSITY DRIVE
FORT MYERS, FL 33907

Current Mailing Address:

C/O JOSEPHINE GAGLIARDI, ESQ.
6361 PRESIDENTIAL CT., STE. B
FORT MYERS, FL 33919

New Mailing Address:

C/O RICHARD BUTLER
12830 UNIVERSITY DRIVE
FORT MYERS, FL 33907

FEI Number: 20-0293184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAGLIARDI, JOSEPHINE
6361 PRESIDENTIAL COURT
SUITE B
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

BUTLER, RICHARD
12830 UNIVERSITY DRIVE
FORT MYERS, FL 33907 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD BUTLER

02/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUMMERS, ROBERT
Address: 12711 WORLD PLAZA LANE
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: TAYLOR, JAMES H DO
Address: 8750 GLADIOLUS
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: WRIGHT, ROBYN
Address: 2727 WINKLER AVE
City-St-Zip: FORT MYERS, FL 33901

Title: PD () Delete
Name: BUTLER, RICHARD
Address: 12830 UNIVERISTY RD
City-St-Zip: FORT MYERS, FL 33907

Title: D (X) Delete
Name: HARTNER, JUDITY MD
Address: 3920 MICHIGAN AVE
City-St-Zip: FORT MYERS, FL 33916

Title: D (X) Delete
Name: FRANK, TERESA
Address: 636 DELPRADO BLVD
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SARFF, CURT
Address: 11798 CARAVEL CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: TD (X) Change () Addition
Name: BARNEY, KATHY
Address: 7980 SUMMERLIN LAKES
City-St-Zip: FORT MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD BUTLER

PRES

02/18/2005

Electronic Signature of Signing Officer or Director

Date