SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $154 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT 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 AUG -4 AM 10:53

DOCUMENT # **N48574** **(0)**

1. Corporation Name

SPINAL CORD GROUP OF S.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
1801 S.E. 5TH PLACE CAPE CORAL FL 33904	1801 S.E. 5TH PLACE CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1992
3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0332962 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EVANS, KAREN A
7024 BABCOCK RD.
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	EVANS, KAREN A	1.2 NAME	Beeler Richard L.	
STREET ADDRESS	7024 BABCOCK RD	1.3 STREET ADDRESS	1801 S E 5TH Pl.	
CITY-ST-ZIP	FT MYERS FL 33912	1.4 CITY-ST-ZIP	Cape Coral FL. 33904	
TITLE	DV	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	BEELER, RICHARD L	2.2 NAME	Evans Karen A.	
STREET ADDRESS	1801 S.E. 5TH PLACE	2.3 STREET ADDRESS	7024 Babcock Rd	
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	FT Myers FL. 3394	
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, LYN	3.2 NAME		
STREET ADDRESS	114 S. RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE	DT Elaine & Glenn	☒ Change ☐ Addition
NAME	DAVID, GARY	4.2 NAME	2767 Cleveland Av.	
STREET ADDRESS	625 B COURTINGION LANE	4.3 STREET ADDRESS	Ft Myers FL. 33901	
CITY-ST-ZIP	FT. MYERS FL 33919	4.4 CITY-ST-ZIP		
TITLE	DV	5.1 TITLE	TITLE is No Longer	☒ Change ☐ Addition
NAME	JENKINS, BOB	5.2 NAME		
STREET ADDRESS	2427 E. MALL DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard L. Beeler Jr. Sec July 28, 95 491-458-5046
SIGNATURE AND TYPED OR PRINTED NAME OF RICHARD OFFICER OR DIRECTOR — Date — Daytime Phone #

0018288