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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48574

1. Corporation Name

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

Principal Place of Business

521-2 NE 24TH PL
CAPE CORAL FL 33909

Mailing Address

521-2 NE 24TH PL
CAPE CORAL FL 33909



2. Principal Place of Business

21 **3626 EVANS AVE**

Suite, Apt. #, etc.

22 **FT. MYERS, FL**

City & State

23 **33901 LEE**

Zip

Country

24

25

2a. Mailing Address

26 **3626 Evans Ave**

Suite, Apt. #, etc.

27 **FT. MYERS, FL**

City & State

28 **33901 Lee**

Zip

Country

29

30

3. Date Incorporated or Qualified

04/27/1992

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

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

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ DELETE

NAME **PETERS, EDWARD A**

STREET ADDRESS **521-2 NE 24TH PL**

CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VD** ☒ DELETE

NAME **EVANS, KAREN A**

STREET ADDRESS **7024 BABCOCK RD**

CITY-ST-ZIP **FT MYERS FL**

TITLE **SD** ☒ DELETE

NAME **ARCURI, CATHI**

STREET ADDRESS **253 TROPICAL SHORES WAY**

CITY-ST-ZIP **FT. MYERS BEACH FL 33931**

TITLE **D** ☒ DELETE

NAME **SHIMKO, BOB**

STREET ADDRESS **17529 LAUREL VALLEY RD**

CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **DV** ☒ DELETE

NAME **JENKINS, BOB**

STREET ADDRESS **2427 E. MALL DR**

CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition

1.2 NAME **Karen A. Evans**

1.3 STREET ADDRESS **7024 Babcock Rd**

1.4 CITY-ST-ZIP **FT. MYERS FL 33912**

2.1 TITLE **V/D** ☒ Change ☐ Addition

2.2 NAME **Marcie Staple**

2.3 STREET ADDRESS **417 SW 43 Ln**

2.4 CITY-ST-ZIP **Cape Coral, FL 33914**

3.1 TITLE **S/D** ☒ Change ☐ Addition

3.2 NAME **LYN Turner**

3.3 STREET ADDRESS **1124 SOUTH RD**

3.4 CITY-ST-ZIP **FT MYERS, FL 33907**

4.1 TITLE **T/D** ☒ Change ☐ Addition

4.2 NAME **Rose McGhee**

4.3 STREET ADDRESS **7575 CAMDEN Circle**

4.4 CITY-ST-ZIP **FT MYERS, FL 33912**

5.1 TITLE **D Marti Taber** ☐ Change ☒ Addition

5.2 NAME **3626 EVANS AVE**

5.3 STREET ADDRESS **FT Myers FL 33901**

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

2/27/99 941-936-1521

CR2E037 (1/98)