

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

FILED
Jul 23 1996 8:00 am
Secretary of State

DOCUMENT # N95000003337 (1)

1. Corporation Name

MEDICAL FOUNDATION OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

Mailing Address

% STEVEN P. KUSHNER
1515 BROADWAY
FORT MYERS FL 33901

% STEVEN P. KUSHNER
1515 BROADWAY
FORT MYERS FL 33901

3. Date Incorporated or Qualified
07/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

MEDICAL FOUNDATION OF S.W. FLA.

4. FEI Number

65-0601796

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1375 JACKSON ST.

P.O. Box 1396

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State **SCITE 202**

City & State

FT. MYERS, FL

FT. MYERS, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

33901

U.S.

Zip

Country

33911

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUSHNER, STEVEN P
GOLDBERG, GOLDSTEIN & BUCKLEY, P.A.
1515 BROADWAY
FORT MYERS FL 33901

81 Name

Steven P. Kushner

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

1375 Jackson Street,

83

Suite 202

84 City

Fort Myers

FL

85

Zip Code

33901

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

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

Steven P. Kushner

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **BISBEE, CHARLES A M.D.**
CITY - ST - ZIP **3949 EVANS AVENUE
FORT MYERS FL 33901**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **EKDAHL, PATRICIA J**
CITY - ST - ZIP **8595 CHARTER CLUB DR
FORT MYERS FL 33919**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **LABODA, GERALD D.D.S.**
CITY - ST - ZIP **5285 SUMMERLIN ROAD, #101
FORT MYERS FL 33907**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **MALAVSKY, KELLI**
CITY - ST - ZIP **17150 CALOOSA TRACE
FORT MYERS FL 33912**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **MOONEY, MARIESE E**
CITY - ST - ZIP **6125 DEER RUN, SW
FORT MYERS FL 33908**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **POLITO, MICHAEL**
CITY - ST - ZIP **4025 S.W. 2ND PLACE
CAPE CORAL FL 33914**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D**
1.3 STREET ADDRESS **TURKEL, BROOKS**
1.4 CITY - ST - ZIP **843 15th St 52 Big Pine Lane
Punta Gorda, FL 33955**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D**
2.3 STREET ADDRESS **ZITZKE, MARILYN**
2.4 CITY - ST - ZIP **1935 S.E. 19th LANE
CAPE CORAL, FL 33904**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D**
3.3 STREET ADDRESS **TRIPPE, GARY**
3.4 CITY - ST - ZIP **13515 BELL TOWER DRIVE
FT. MYERS, FL 33907**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **400001902534**
6.3 STREET ADDRESS **-07/23/96--01136--019**
6.4 CITY - ST - ZIP *****61.25**

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

SIGNATURE:

Kelli J Malavsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-96 (941) 939-8442
Date Date Phone #

CR2E037 (12/95)