

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP 17 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N95000005721 (4)

1. Corporation Name

SW FLORIDA FIBROMYALGIA GROUP, INC.

Principal Place of Business

Mailing Address

5100-318 S. CLEVELAND AVE.
SUITE 348
FT. MYERS FL 33907

5100-318 S. CLEVELAND AVE.
SUITE 348
FT. MYERS FL 33907

3. Date Incorporated or Qualified
11/24/1995

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 7275 Concourse Dr

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

City & State
Ft. Myers FL

28

Zip

Country

24

33908

Country

25

Lee

29

Zip

Country

4. FEI Number
65-0619739

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

10. Name and Address of New Registered Agent

COX, JOANNE C
13730 DOWNING LANE
UNIT W-2
FT. MYERS FL 33919

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COX, JOANNE C
STREET ADDRESS 13730 DOWNING LN., UNIT W-2
CITY-ST-ZIP FT. MYERS FL 33919

1.1 TITLE P/D/s Cox, Joanne C
1.2 NAME 13730 Downing Ln. W-2
1.3 STREET ADDRESS Ft. Myers, FL 33919
1.4 CITY-ST-ZIP

TITLE VD
NAME ALTHAUSER, MICHELLE
STREET ADDRESS 13100 SHETLAND DR
CITY-ST-ZIP FORT MYERS FL 33912

2.1 TITLE T/D Evelyn Taylor
2.2 NAME 4311 New St
2.3 STREET ADDRESS Ft Myers, FL 33905
2.4 CITY-ST-ZIP

TITLE SD
NAME REIMEL, JAYNE
STREET ADDRESS 27526 SUFFRIDGE DR
CITY-ST-ZIP BONITA SPRINGS FL 33923

3.1 TITLE
3.2 NAME 300002300169--7
3.3 STREET ADDRESS -09/22/97--01167--002
3.4 CITY-ST-ZIP *****61.25 *****61.25

TITLE TD
NAME MARILYN BROWN
STREET ADDRESS 1709 SE 44TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33904

4.1 TITLE
4.2 NAME 300002300169--7
4.3 STREET ADDRESS -09/22/97--01167--003
4.4 CITY-ST-ZIP *****8.75 *****8.75

TITLE D
NAME QAPP, RUTH
STREET ADDRESS 4717 HARBORTOWN LANE
CITY-ST-ZIP FT. MYERS FL 33919

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME COFFEY, SHERRY
STREET ADDRESS 13845 ADMIRAL COURT
CITY-ST-ZIP FORT MYERS FL 33912

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)