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FILED  
May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005721 (4)**

1. Corporation Name

**SW FLORIDA FIBROMYALGIA GROUP, INC.**



Principal Place of Business

Mailing Address

**7275 CONCOURSE DRIVE  
FT. MYERS FL 33908**

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

3. Date Incorporated or Qualified

**11/24/1995**

4. FEI Number

**65-0619739**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 13730 Downing Ln**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 W-2**

**27**

City & State

City & State

**23 Ft Myers FL**

**28**

Zip

Country

Zip

Country

**24 33419**

**25 LCC**

**29**

**30**

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 **POS** ☐ DELETE  
NAME **COX, JOANNE C**  
STREET ADDRESS **13730 DOWNING LN., UNIT W-2**  
CITY-ST-ZIP **FT. MYERS FL 33919**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **TAYLOR, EVELYN**  
STREET ADDRESS **4311 NEW STREET**  
CITY-ST-ZIP **FORT MYERS FL 33905**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **COFFEY, SHERRY**  
STREET ADDRESS **13645 ADMIRAL COURT**  
CITY-ST-ZIP **FORT MYERS FL 33912**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0082670

CR2E037 (10/97)