

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90032 050 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N97000001749  
 1. Corporation Name  
 SW FLORIDA DISABILITY RESEARCH

Principal Place of Business	Mailing Address
22959 Bayshore Road Charlotte Harbor, Fl	

2. Principal Place of Business 21 19505 Quesada Ave	2a. Mailing Address 26 2150 Tamiami Trail,	3. Date Incorporated or Qualified 3-28-97
Suite, Apt. #, etc. 22 The Oak IV, Box 2911	Suite, Apt. #, etc. 27 6-165	4. FEI Number 65-0736830
City & State 23 Port Charlotte, FL	City & State 28 Port Charlotte, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33948	Country 25 Charlotte	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33948	Country 30 Charlotte	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Roger Liephart 19505 Quesada Avenue The Oaks IV, Box 2911 Port Charlotte, FL 33948	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Director <input checked="" type="checkbox"/> DELETE Dr. Robert Morse, MD 214 Rockaway Street Port Charlotte, FL 33954	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition J.P. Lichter 12039 Kingsway Circle Port Charlotte, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/Treasurer/D <input checked="" type="checkbox"/> DELETE Roger Liephart 19505 Quesada Ave, The Oaks Port Charlotte, FL 33949	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Craig W. Nesbitt 23335 Abrade Avenue Port Charlotte, FL 33980
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Director <input checked="" type="checkbox"/> DELETE Bruce Campbell 2212 Ryan Boulevard Punta Gorda, FL 33950	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	2nd VP/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Lubrana 9241 Newmartinsville Avenue Englewood, FL 34224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Sec/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark Asperilla 278 Fields Terrace Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** J.P. Lichter PRESIDENT 4/30/99 941-764-6639  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)