

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90273 019 ***150.00

DOCUMENT # P01000051047

1. Entity Name

FORT MYERS HEALTH CARE, INC.

Principal Place of Business

**60 FLAMINGO DRIVE
 FT MYERS BCH FL 33931**

Mailing Address

**60 FLAMINGO DRIVE
 FT MYERS BCH FL 33931**

2. Principal Place of Business

1625 COLONIAL BLVD
 Suite, Apt. #, etc.

3. Mailing Address

1625 COLONIAL BLVD
 Suite, Apt. #, etc.

City & State

FORT MYERS - FL 33907

City & State

FORT MYERS FL 33907

Zip

Country

Zip

Country

4. FEI Number

65-1107339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WINSLOW, JR., CARL H ESQ.
 1415 DEAN STREET, STE 107
 FT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **DPT** ☒ Delete
 NAME **BOLGER, JIM**
 STREET ADDRESS **60 FLAMINGO DRIVE**
 CITY-ST-ZIP **FT MYERS BCH FL 33931**

TITLE **VS** ☐ Delete
 NAME **ZIEGENFUSS, BOB**
 STREET ADDRESS **60 FLAMINGO DRIVE**
 CITY-ST-ZIP **FT MYERS BCH FL 33931**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DPTS** ☐ Change ☐ Addition
 NAME **ZIEGENFUSS BOB**
 STREET ADDRESS **1625 COLONIAL BLVD**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

(941) 274-9855

Daytime Phone #

CR2E034 (9/01)