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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90265 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000040707

1. Corporation Name
6875 ESTERO, INC.



Principal Place of Business
~~100 W. KENNEDY BLVD~~
~~750~~
~~TAMPA FL 33602~~
~~US~~

Mailing Address
~~100 W. KENNEDY BLVD~~
~~750~~
~~TAMPA FL 33602~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/09/1993

21 Suite, Apt. #, etc.

26 ~~40 VIP - D'ALESSANDRO~~

4. FEI Number
65-0416943

Applied For
 Not Applicable

22 City & State

27 ~~13131 UNIVERSITY DRIVE~~
 City & State
FT. MYERS FL

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 Zip Country

28 **33907 USA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip Country

29 **33907 USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WILLETT, THOMAS K~~
~~100 W KENNEDY BLVD~~
~~SUITE 750~~
~~TAMPA FL 33602~~

PAMELA K. VAN VLECK
 40 VIP - D'ALESSANDRO
 13131 UNIVERSITY DRIVE
 FT. MYERS FL 33907

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE PAMELA K. VAN VLECK PAMELA K. VAN VLECK 4/20/99

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
P	WILLETT, THOMAS K.	100 W KENNEDY BLVD. STE 750	TAMPA FL	
VICE - PRESIDENT	RICHARD D. FERNANDEZ, M.D.	1630 MEDICAL LANE	FT. MYERS FL 33907	<input type="checkbox"/> DELETE
PRESIDENT	MICHAEL G. RAYMOND, M.D.	13491 METRO PARKWAY	FT. MYERS FL 33912-4321	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: PAMELA K. VAN VLECK 4/20/99 (941) 488-3303 X284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)