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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000044711 (8)

1. Corporation Name:
INSTITUTE OF MEDICAL LAW, INC.

Principal Place of Business
2664 WHITE CEDAR LANE
NAPLES FL 33942
US

Mailing Address
2664 WHITE CEDAR LANE
NAPLES FL 34109-0622
US



3. Date Incorporated or Qualified
06/15/1993
3a. Date of Last Report
01/23/1996

4. FEI Number
65-0429341
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERICKSON, WILLIAM
500 5TH AVENUE SOUTH
SUITE 524
NAPLES FL 33940

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:

Signature of person becoming a new registered agent and filer, if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
RICHMOND, PATRICIA
STREET ADDRESS 2664 WHITE CEDAR LANE
CITY - ST - ZIP NAPLES FL

11 TITLE ☐ Change ☒ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP 34109

TITLE ☐ DELETE
NAME D
ROSSI, SANDRA
STREET ADDRESS 1881 ALPHA ROAD 1
CITY - ST - ZIP GRENDALE CA

21 TITLE ☐ Change ☒ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP 91208

TITLE ☐ DELETE
NAME D
WEEDMAN, RICHARD
STREET ADDRESS 316 MORGAN RD
CITY - ST - ZIP NAPLES FL

31 TITLE ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP 34113

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia A. Richmond, VICE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 1/13/97 DAYTIME PHONE 941-591-1715

CR2E034 (9/96)