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Mar 06 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 # **P93000061573 (0)**

1. Corporation Name

**TEAM DARTMOUTH, INC.**



Principal Place of Business

**4989 GOLDEN GATE PKWY  
SUITE 172  
NAPLES FL 33999**

Mailing Address

**4989 GOLDEN GATE PKWY  
SUITE 172  
NAPLES FL 34116-6972**

3. Date Incorporated or Qualified

**09/02/1993**

3a. Date of Last Report

**05/01/1996**

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**65-0438294**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BOISVERT, RAYMOND V  
3535 29TH AVE SW  
SUITE 104  
NAPLES FL 33999**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. DOBBERSTEIN, ERIK

27647 FRANKLIN ST

BONITA SPRINGS FL

2. BOISVERT, RAYMOND V

3535 29TH AVE. SW

NAPLES FL 33999

3. BOISVERT, RAYMOND V

3535 29TH AVE. SW

NAPLES FL 33999

4. BOISVERT, RAYMOND V

3535 29TH AVE. SW

NAPLES FL 33999

5. BOISVERT, RAYMOND V

3535 29TH AVE. SW

NAPLES FL 33999

6. BOISVERT, RAYMOND V

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7. BOISVERT, RAYMOND V

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8. BOISVERT, RAYMOND V

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9. BOISVERT, RAYMOND V

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NAPLES FL 33999

10. BOISVERT, RAYMOND V

3535 29TH AVE. SW

NAPLES FL 33999

11. BOISVERT, RAYMOND V

3535 29TH AVE. SW

NAPLES FL 33999

12. BOISVERT, RAYMOND V

3535 29TH AVE. SW

NAPLES FL 33999

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY - ST - ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY - ST - ZIP

CR2E034 (9/96)

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 no 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 or address in Block 12 or Block 13 is changed, or on an attachment with an address.

SIGNATURE: *Raymond V Boisvert* 3/1/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0415347