

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

page 10/2

PROFIT CORPORATION  
ANNUAL REPORT  
90-1997

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

DOCUMENT # **PA3000084531**  
1. Corporation Name **AURICULAR THERAPY CENTER, INC.**

FILED  
97 MAY -1 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**LEE MEMORIAL HOSPITAL 2780 Cleveland Ave.  
Suite 714  
Ft. Myers, Fla. 33901**

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  
24 25 29 30

3. Date Incorporated or Qualified **12-10-93** 3a. Date of Last Report  
4. FEI Number **65-0453939** 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

9. Name and Address of Current Registered Agent

**Steven Carta  
1619 Jackson St.  
Ft. Myers, Fla. 33901**

10. Name and Address of New Registered Agent

81 Name **Steven Carta**  
82 Street Address (P.O. Box Number is Not Acceptable) **1619 Jackson St.**  
83  
84 City **Ft. Myers,** FL 85 Zip Code **33901**

11. Pursuant to the provisions of Sections 607.0302 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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-24-97**

12. OFFICERS AND DIRECTORS  
TITLE P **Mary L. Bonnette** ☐ DELETE  
NAME **744 Overiver Dr.**  
STREET ADDRESS **N. Ft. Myers, Fla. 33903**  
CITY-STATE-ZIP  
TITLE V **Barbara Dena Geraghty** ☐ DELETE  
NAME **1320 Alcazar Ave.**  
STREET ADDRESS **Ft. Myers, Fla. 33901**  
CITY-STATE-ZIP  
TITLE D **Douglas A. Newland, MD** ☐ DELETE  
NAME **2780 Cleveland Ave.**  
STREET ADDRESS **Suite 805**  
CITY-STATE-ZIP **Ft. Myers, Fla. 33901**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **800002168558-3**  
1.3 STREET ADDRESS **-05/06/97-01135-010**  
1.4 CITY-STATE-ZIP **\*\*\*\*365.00 \*\*\*\*365.00**  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I am 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: **Mary L. Bonnette, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mary L. Bonnette**

**2-17-97**

Date

**941-337-3277**

Daytime Phone #

CR2E034 (9/96)

page 2 of 2

## AURICULAR THERAPY CENTER, INC.

Dena Geraghty, R.N.

Douglas A. Newland, M.D.  
Medical Director

Mary L. Bonnette, R.N., M.S.N.

March 31, 1997

Sandra B. Mortham  
Secretary of State  
Division of Corporations  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Ms. Mortham:

Please find enclosed our Corporation Annual Report for 1997 and Reinstatement for 1996. A check for \$330.00 representing \$165.00 for 1997 and 165.00 for 1996 is also enclosed. Our Annual Report Form for 1996 had been incorrectly mailed to suite 709 instead of 714 and we never recieved the form. Upon realization that the Report had not been filed we immediately phoned your office. Leslie, of your office indicated that the late fee would be waived. We trust this will take care of this matter. If you have any questions please call us at 337-3277.

Sincerely,

*Mary Bonnette*  
Mary L. Bonnette  
*Dena Geraghty*  
Dena Geraghty