

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000084531

1. Corporation Name

AURICULAR THERAPY CENTER, INC.

Principal Place of Business

LEE MEMORIAL HOSPITAL
2780 CLEVELAND AVENUE, SUITE 714
FT. MYERS FL 33901
US

Mailing Address

LEE MEMORIAL HOSPITAL
2780 CLEVELAND AVENUE, SUITE 714
FT. MYERS FL 33901
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CARTA, STEVEN
1619 JACKSON ST.
FT. MYERS FL 33901

3. Date Incorporated or Qualified

12/06/1993

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BONNETTE, MARY L**
STREET ADDRESS **744 OVERRIVER DRIVE**
CITY-ST-ZIP **N. FT. MYERS FL 33903**

TITLE **V** ☐ DELETE

NAME **GERAGHTY, BARBARA DENA**
STREET ADDRESS **1320 ALCAZAR AVENUE**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **D** ☐ DELETE

NAME **NEWLAND, DOUGLAS A MD**
STREET ADDRESS **2780 CLEVELAND AVENUE, SUITE 805**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Barbara Dena Geraghty, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99
Date

941-337-3277
Daytime Phone #

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90156 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)