

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

Page 192

DOCUMENT # P94000004720 (6)

1. Corporation Name

SOUTHWEST COAST INFUSION SERVICE, INC.

Principal Place of Business

851 5TH AVE. NORTH
NAPLES FL 33940

Mailing Address

851 5TH AVE. NORTH
NAPLES FL 33940



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/10/1994		3a. Date of Last Report 03/30/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0465027		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, THOMAS R 2660 AIRPORT RD. SOUTH NAPLES FL 33962				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 date of appointment

Signature typed or printed name of registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRONE, WILLIAM	1.2 NAME	
STREET ADDRESS	350 7TH ST. N.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL 33940	1.4 CITY-STATE-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JOE B	2.2 NAME	
STREET ADDRESS	350 7TH ST. N.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL 33940	2.4 CITY-STATE-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, EDWARD	3.2 NAME	
STREET ADDRESS	350 7TH ST. N.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL 33940	3.4 CITY-STATE-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, HUBERT	4.2 NAME	
STREET ADDRESS	350 7TH ST. N.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL 33940	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMBE, MARSHALL	5.2 NAME	
STREET ADDRESS	350 7TH ST. N.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL 33940	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGGS, JOHN	6.2 NAME	
STREET ADDRESS	350 7TH ST. N.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL 33940	6.4 CITY-STATE-ZIP	
		D Gamble, Delores c/o 350 7th Street No. Naples, FL 33940	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Edward R. Morton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

Page 2082

• Additional Board Members
Southwest Coast Infusion Service, Inc.

Preston, Ernest
Director
350 7th Street No.
Naples, FL 33940

Myers, Richard
Director
350 7th Street No.
Naples, FL 33940

Snapp, William
Director
350 7th Street No.
Naples, FL 33940

von Arx, Dolph W.
Director
350 7th Street No.
Naples, FL 33940

Pobletts, Cynthia
Assistant Secretary
350 7th Street No.
Naples, FL 33940