

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000077528 (5)**

1. Corporation Name

DIANA MCLAUGHLIN, M.D., P.A.

Principal Place of Business

**11181 HEALTH PARK BOULEVARD
SUITE 2225
NAPLES FL 34110
US**

Mailing Address

**11181 HEALTH PARK BOULEVARD
SUITE 2225
NAPLES FL 34110
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1994

4. FEI Number

65-0532983

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **870 - 111th AVENUE NORTH**

Suite, Apt. #, etc.

22 **#1**

City & State

23 **NAPLES, FLORIDA**

Zip

24 **34108**

Country

25 **USA**

2a. Mailing Address

26 **870 - 111th AVENUE NORTH**

Suite, Apt. #, etc.

27 **#1**

City & State

28 **NAPLES, FLORIDA**

Zip

29 **34108**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**MCLAUGHLIN, DIANA
11181 HEALTH PARK BLVD.
SUITE 2225
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name

MCLAUGHLIN, DIANA

82 Street Address (P.O. Box Number is Not Acceptable)

870 - 111th AVENUE NORTH

83

BLDG # 1

84

City **NAPLES**

FL

85

Zip Code **34108**

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)

January 26, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MCLAUGHLIN, DIANA**
STREET ADDRESS **11181 HEALTH PARK BOULEVARD STE 2225**
CITY-ST-ZIP **NAPLES FL 33942**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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 **D** ☒ Change ☐ Addition

1.2 NAME **MCLAUGHLIN, DIANA**
1.3 STREET ADDRESS **870 - 111th AVENUE NORTH - #1**
1.4 CITY-ST-ZIP **NAPLES, FLORIDA 34108**

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.

SIGNATURE

Jan 26, 1998 044-591 8481

CR2E034 (10/97)