FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000077683 (8)**

1. Corporation Name

THE CHELATION CLINIC OF FORT MYERS, INC.

Principal Place of Business	Mailing Address
3940 METRO PARKWAY SUITE 115 FORT MYERS FL 33916	3940 METRO PARKWAY SUITE 115 FORT MYERS FL 33916

3. Date Incorporated or Qualified: **10/24/1994**

3a. Date of Last Report: **01/18/1995**

4. FEI Number: **65-0528162** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 3840 Colonial Blvd	26 3840 Colonial Blvd
22 Suite, Apt. #, etc. Ste 1	27 Suite, Apt. #, etc. Ste 1
23 City & State Ft Myers FL	28 City & State Ft Myers FL
24 Zip 33912- 25 Country US	29 Zip 33912- 30 Country US

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Gary C Pynckel D.O.
82 Street Address (P.O. Box Number is Not Acceptable): 14517 Reries Way
83 F
84 City: Ft Myers **FL** 85 Zip Code: 33912

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] DATE: 1/24/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPVS	☐ DELETE	1.1 TITLE	Pres/Dir	☒ Change ☐ Addition
NAME	PYNCKEL, GARY L		1.2 NAME	GARY C PYNCKEL DO	
STREET ADDRESS	3940 METRO PARKWAY, SUITE 115		1.3 STREET ADDRESS	3840 COLONIAL BLV STE 1	
CITY-ST-ZIP	FORT MYERS FL 33916		1.4 CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PYNCKEL, GARY L		2.2 NAME		
STREET ADDRESS	3940 METRO PARKWAY, SUITE 115		2.3 STREET ADDRESS	AS ABOVE	
CITY-ST-ZIP	FORT MYERS FL 33916		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added by an attachment with an address.

SIGNATURE: [signature] DATE: 1/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 941-275-3377