FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082575 (9)**

1. Corporation Name
IPA OF S.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
13400 S. CLEVELAND AVE. SUITE 200 FORT MYERS FL 33907	% ROBERT D. ROYSTON, JR., ESQ. 12670 NEW BRITTANY BLVD., #101 FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/10/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0558134	☐ Applied For ☐ Not Applicable
21	26 13681 METROPOLIS AVE		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 FT MYERS, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33912 / Country 30 USA	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROYSTON, ROBERT D JR. COSTELLO SIMS & ROYSTON 12670 NEW BRITTANY BLVD., #101 FORT MYERS FL 33907	81 Name: DR. HOWARD M. IMANUEL 82 Street Address (P.O. Box Number is Not Acceptable): 13681 METROPOLIS AVE 83 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] HOWARD M. IMANUEL, DPM 4-13-95
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D T	11 TITLE	D ☐ Change ☒ Addition
NAME	BOZOF, HAL L	12 NAME	JOSEPH GRILLO, DPM
STREET ADDRESS	2540 WINKLER AVE.	13 STREET ADDRESS	13681 METROPOLIS AVE
CITY-ST-ZIP	FORT MYERS FL 33901	14 CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, JOSEPH F	22 NAME	
STREET ADDRESS	16251 N. CLEVELAND AVE., #8	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33903	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WEAVER, MARK E	32 NAME	
STREET ADDRESS	13400 S. CLEVELAND AVE	33 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	34 CITY-ST-ZIP	
TITLE	D, P	41 TITLE	☐ Change ☐ Addition
NAME	IMANUEL, HOWARD M	42 NAME	
STREET ADDRESS	13681 METROPOLIS AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	44 CITY-ST-ZIP	
TITLE	D S	51 TITLE	☐ Change ☐ Addition
NAME	KLIMOWICH, CHRIS A	52 NAME	
STREET ADDRESS	1105-D CAPE CORAL PARKWAY	53 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	54 CITY-ST-ZIP	
TITLE	D V-P	61 TITLE	☐ Change ☐ Addition
NAME	PRICE, MICHAEL N	62 NAME	
STREET ADDRESS	643 CAPE CORAL PARKWAY, SUITE D	63 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	64 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: [signature] 4-3-95 813-768-2323
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
HOWARD M. IMANUEL, D.P.M.

0021734 CP