

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 12 1997 8:00 am
Secretary of State

DOCUMENT # P94000086057 (4)

1. Corporation Name

INTER-MEDIC HEALTH CENTER, P.A.



Principal Place of Business

2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952-5132

3. Date Incorporated or Qualified

11/15/1994

3a. Date of Last Report

09/23/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0516499

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

9. Name and Address of Current Registered Agent

WEXLER, MELVIN T
2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952

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	D	<input type="checkbox"/> DELETE
NAME	CMITELLA, T MD	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, V.	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENCER, S.	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAZNY, T.	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S OLIVER, J. M.D.	
5.3 STREET ADDRESS	2885 TAMiami TRAIL	
5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 included 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: Thomas R. Civitella THOMAS CIVITELLA, MD 1/7/97 941-629-7501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0403530

CR2E034 (9/96)