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

DOCUMENT # P95000012013 (5)

P.I.T.A. OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address 4630 GULF STREAM BLVD 395 BAYLAND DRIVE NAPLES FL 33942 FT, MYERS FL 33931-3944								
					3. Date incorporated or Qualified 02/13/1995	3a. Date 05/01	of Last I	Roport
——————————————————————————————————————	Place of Business	2a. Mailing Address	∳~···· 1		4. FEI Number			applied For
Suite, Apt.	# ala	Suite, Apt #, etc.			65-0608473			lot Applicable
22		27			Certificate of Status Desired			Additional Required
City & Star 23		City & State			Election Campaign Financing Trust Fund Contribution	<u>U</u>		May Be I to Fees
Zip 24	Country 25	7ip 29	Cour 30	ntry		Yos 🗌	No	s. 199.032,
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Re	gistered Ag	jent	
PINTER, MICHAEL R 4328 CORPORATE SQUARE, STE. C NAPLES FL 33942					dress (P.O. Box Number is Not Acceptable)			
				82 Street Add				
14/4/	CCO I E DOOTE		-	В3				
			}	84 City			85 Zip	Code
						FL		
office or agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblin Signature, typed or printed name of registered at				poration submits this statement for the patients board of directors. I hereby accepared when religious	of the appoint	ntment a	s registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D DODUMON DIOLUDO M	DELETE	1.1 111			L	Change	Addition
NAME	HORNACK, RICHARD M 395 BAYLAND DRIVE		1.2 NA					
STREET ADDRESS CITY-ST-ZIP	FT. MYERS FL 33931			Y-ST-ZIP				
TITLE	D	DELETE	21111				Change	Addition
NAME	HORNACK, CAROL J		2.2 NA	Mξ			•	
STREET ADDRESS	395 BAYLAND DRIVE		2.3 S1F	REET ADDRESS				
CITY-ST-ZIP_	FT. MYERS FL 33931			Y-ST-ZIP				
TITLE		☐ DELETE	3 1 1ni			L	Change	Addition
NAME STREET ADDRESS			3.2 NA!	ME REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		DELETE	4.1 THT				Change	Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REE1 ADDRESS				
CITY-ST-ZIP				Y-S1-71F		·	 -	
TITLE		☐ DELETE	5.1 111(ì		E] Change	Addition
NAME			5.2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	54 CIT 61 1 111	Y-SI-7IP			Change	Addition
NAME		- Dettil	6.2 NA	1			_ one-ige	- Manifold
OTOCCT ADDDESS	1			VIC				

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 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 eath; 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.

FILED

May 19 1997 8:00am

Secretary of State