

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

1997 APR -9 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000055647 (8)

1. Corporation Name

ENTEROSTOMAL THERAPY ASSOCIATES, INC.



Principal Place of Business

Mailing Address

17251 ALICO CENTER ROAD  
UNIT #3  
FT. MYERS FL 33912

17251 ALICO CENTER ROAD  
UNIT #3  
FT. MYERS FL 33912-6025

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified  
07/19/1995

3a. Date of Last Report  
04/11/1996

4. FEI Number

59-3329558

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

10. Name and Address of New Registered Agent

MAUGHAN, KEVIN P  
17251 ALICO CENTER ROAD  
UNIT #3  
FT. MYERS FL 33912

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D MAUGHAN, KEVIN P  
STREET ADDRESS 6012 WHITE HERON LANE  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ DELETE

NAME D SCHMIDT, FERENC J  
STREET ADDRESS 2675 COCONUT DR.  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ DELETE

NAME D LORICCO, CARL  
STREET ADDRESS P.O. BOX 3170 N/A  
CITY-ST-ZIP PORT CHARLOTTE FL 33949

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

300002138083-4

-04/09/97-01095-002

\*\*\*\*165.00 \*\*\*\*165.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 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:

MAUGHAN, KEVIN P

1-27-97

941.472-4823

CR2E034 (9/96)