

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000070962 (2)

1. Corporation Name

LINDA J. GARDINER, M.D., P.A.



Principal Place of Business

1510 ROYAL PALM SQUARE BLVD.
FT. MYERS FL 33919

Mailing Address

1510 ROYAL PALM SQUARE BLVD.
FT. MYERS FL 33919

3. Date Incorporated or Qualified
10/01/1995

3a. Date of Last Report
FIRST REPORT

2. Principal Place of Business

2a. Mailing Address

21 1510 ROYAL PALM SQUARE BLVD

26 1510 ROYAL PALM SQUARE BLVD

4. FEI Number
05-0606293

Applied For
Not Applicable

22 SUITE 101

27 SUITE 101

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Fort Myers

29 Fort Myers

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

25 33919

26 Country
LEE

29 33919

30 Country
LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDINER, LINDA J
1510 ROYAL PALM SQUARE BLVD.
FT MYERS FL 33919

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 607.1505, 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 of person authorized to file this report on behalf of the corporation

Signature of new registered agent (if different from above)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
GARDINER, LINDA J
STREET ADDRESS
1510 ROYAL PALM SQUARE BLVD.
CITY-STATE-ZIP
FT. MYERS FL 33919

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

9. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

10. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE ☐ Change ☐ Addition

34. NAME

35. STREET ADDRESS

36. CITY-STATE-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)(a), 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 conduct the 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:

Linda J. Gardiner, M.D., Linda J. Gardiner, 1/22/96 (941) 939-7274

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)