

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90009 018 ***150.00

DOCUMENT # P95000070962

1. Corporation Name

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



Principal Place of Business

1510 ROYAL PALM SQUARE BLVD
SUITE 101
FT. MYERS FL 33919
US

Mailing Address

1510 ROYAL PALM SQUARE BLVD.
SUITE 101
FT. MYERS FL 33919
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1995

4. FEI Number

65-0606293

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 owes the current year intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 7760 CAMBRIDGE MANOR PLACE

2a. Mailing Address

26 9771 CYPRESS LAKE DR.

Suite, Apt. #, etc.

22 SUITE C

Suite, Apt. #, etc.

27

City & State

23 FORT MYERS, FLORIDA

City & State

28 FORT MYERS, FLORIDA

Zip

24 33907

Country

25 LEE

Zip

29 33919

Country

30 LEE

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name GARDINER, LINDA J.
82 Street Address (P.O. Box Number is Not Acceptable)
9771 CYPRESS LAKE DRIVE
83
84 City FORT MYERS FL 85 Zip Code 33919

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 Linda J. Gardiner MD PRESIDENT/SECRETARY
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/26/99
DATE

12. OFFICERS AND DIRECTORS

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT/TREASURER/SECY
GARDINER, LINDA J.
9771 CYPRESS LAKE DRIVE
FORT MYERS, FLORIDA 33919

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I 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, with all other like empowered.

SIGNATURE: Linda J. Gardiner MD LINDA J. GARDINER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

941 481-3911
Daytime Phone #

CR2E034 (11/98)