

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 10, 1999 8:00 am
Secretary of State

05-10-1999 90241 043 ***150.00

DOCUMENT # P96000013083

1. Corporation Name
PHYSICIAN INSTITUTE, INC.

Principal Place of Business
851 5TH AVE N
NAPLES FL 33940

Mailing Address
851 5TH AVE N
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1996

4. FEI Number

65-0640744

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 362 Goodlette Road South

Suite, Apt. #, etc.

27 City & State

28 Naples FL

Zip

29 34102

Country

30 USA

9. Name and Address of Current Registered Agent

BROWN, THOMAS R
2660 AIRPORT RD S
NAPLES FL 33962

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 SD ☒ DELETE

NAME COX, JOE B
STREET ADDRESS 3001 TAMiami TRAIL N.
CITY-ST-ZIP NAPLES FL

TITLE PD ☐ DELETE

NAME CRONE, WILLIAM G
STREET ADDRESS 350 7TH STREET N.
CITY-ST-ZIP NAPLES FL

TITLE TD ☐ DELETE

NAME MORTON, EDWARD A
STREET ADDRESS 350 7TH STREET N
CITY-ST-ZIP NAPLES FL

TITLE CD ☐ DELETE

NAME HOWARD, HUBERT E
STREET ADDRESS 350 7TH STREET N.
CITY-ST-ZIP NAPLES FL

TITLE AS ☐ DELETE

NAME POBLETTS, CYNTHIA
STREET ADDRESS 350 7TH STREET N.
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME GAMBLE, DELORES
STREET ADDRESS 350 7TH STREET N.
CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Myers, Richard C.
1.3 STREET ADDRESS 350 7th Street No.
1.4 CITY-ST-ZIP Naples FL 34102

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S/T/D ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE CD ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Edward A. Morton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/99

941-436-5113

CR2E034 (11/98)

0462557

537875-90241-43
PA6000013083

**1999-2000 Board of Directors
Physician Institute, Inc.**

Preston, Ernest R., Jr.
350 7th Street No.
Naples, FL 34102
Director