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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000081921 (4)

1. Corporation Name
BONITA SPRINGS FAMILY MEDICINE, P.A.



Principal Place of Business
4061 BONITA BEACH ROAD
SUITE 103
BONITA SPRINGS FL 34134

Mailing Address
4061 BONITA BEACH ROAD
SUITE 103
BONITA SPRINGS FL 34134-4073

3. Date Incorporated or Qualified 10/03/1996	3a. Date of Last Report
4. FEI Number 59-3401924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
FRABUTT, PETER J CPA
27725 OLD 41 ROAD
SUITE 201
BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent	
81 Name	Peter Frabutt, CPA
82 Street Address (P.O. Box Number is Not Acceptable)	Suite 105
83	9220 Bonita Beach Rd.
84 City	Bonita Springs FL
85 Zip Code	34135

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P D
NAME	STEPHEN J. KASKIE
STREET ADDRESS	4061 Bonita Beach Rd., Ste. 103
CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President, Director
1.2 NAME	Stephen Kaskie, M.D.
1.3 STREET ADDRESS	#103 - 4061 Bonita Beach Rd.
1.4 CITY-ST-ZIP	Bonita Springs, FL 34134
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Stephen Kaskie* 4/15/97 (941) 498-2112

CR2E034 (9/96)