

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

FILED

Jun 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000083835 (4)

1. Corporation Name  
ESTERO ISLAND PHARMACY, INC.



Principal Place of Business  
~~400 MADISON CT.~~ 6875 Estero Blvd.  
FT. MYERS BEACH FL 33931

Mailing Address  
~~400 MADISON CT.~~ 6875 Estero Blvd.  
FT. MYERS BEACH FL 33931-3643

2. Principal Place of Business  
21 Estero Island Medical Center  
Suite, Apt. #, etc.  
22 6875 Estero Blvd.  
City & State  
23 Ft. Myers Beach, FL.  
Zip  
24 33931

2a. Mailing Address  
26 Estero Is. Medical Center  
Suite, Apt. #, etc.  
27 6875 Estero Blvd.  
City & State  
28 Ft. Myers Beach, FL.  
Zip  
29 33931

Country  
25 Lee  
30 Lee

3. Date Incorporated or Qualified  
10/10/1996

3a. Date of Last Report  
N/A

4. FEI Number  
65-0602677

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

POWERS, GAIL L  
2801 ESTERO BLVD., SUITE N  
FT. MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name  
Powers, Gail L.  
82 Street Address (P.O. Box Number is Not Acceptable)  
321 Eland Drive  
83 N. Ft. Myers  
84 City  
N. Ft. Myers FL 85 Zip Code  
33917

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]*  
Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	POWERS, GAIL L	
STREET ADDRESS	480 MADISON CT.	
CITY - ST - ZIP	FT. MYERS BEACH FL 33931	
TITLE	D	DELETE
NAME	WEAVER, NANCY J	
STREET ADDRESS	480 MADISON CT.	
CITY - ST - ZIP	FT. MYERS BEACH FL 33931	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Powers, Gail L.	
1.3 STREET ADDRESS	321 Eland Drive	
1.4 CITY - ST - ZIP	N. Ft. Myers, FL. 33917	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *[Signature]* 4/20/97

CR2E034 (9/96)