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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT DE

Sandra B. Mortam

Secretary of Street DIVISION OF CORPORATIONS

FILED Apr 22 1997 8:00am Secretary of State

| DOCUMENT # | P96000098335 | (8) |
|------------|--------------|-----|

| | | # P90001 CTION, INC. | 0096335 (6 |) | | | | | | |
|---------------------------|---------------------------------|--|--|---------------------------------|-----------------|---|---|---|----------------|----------------|
| 1700 MEDICAL LANE 1 | | Mailing Address 1700 MEDICAL LANE FORT MYERS FL 3390 | · · | | | 1 409)+001 410 10112 Etili Golic dolic anii | 0 1 0 0 4 | FORM HINN MINN | Edia CORI | |
| | | | | | | | 3. Date incorporated or Qualified 12/02/1996 | 3a. D | ate of Last Ro | eport |
| 2. Principal P | race of Busin | ess | 2a. Mailing Address | | | | 4 ECI Number | | Ар | plied For |
| 21 | - | | 26 | | | · | 65-07266 | <u> </u> | | t Applicable |
| Suite, Apt. | #, etc | | Suite, Apt. #, etc. | | ĺ | | 5. Certificate of Status Desired | | \$8.75 A | |
| 22 City & State | e | | City & State | | | | 6. Election Campaign Financing | · · · · · · · · · · · · · · · · · · · | \$5.00 | |
| 23 | | | 28 | | | | Trust Fund Contribution | | Added t | |
| Zip | | Country | Zip | Co | itry | | 8. This corporation has liability for | | Prints. | 199.032 |
| 24 | | 25 and Address of Curr | 29 ent Registered Agent | 30 | | | Florida Statutes 10. Name and Address of New R | | No Agent | |
| דחת | MER, FRED | | ont registored Agent | | 81 | Name | IQ, Marite and Address of New III | August 60 | - Agoil | |
| | MEDICAL | | | | 82 | Street A | ddress (P.O. Box Number is Not Accepta | hla) | <u>*</u> | |
| | T MYERS F | | | i | | OLIOOL A | doless (.c. box Humber is Hot records | 5.67 | | |
| | | | | | 63 | | | | | |
| | | | | | 84 | City | | | 85 Zip (| Code |
| 44 Dureugot | to the provin | ions of Sections 607.0 | 502 and 607 1509 Florida St | ofutee the e | bove | -named c | corporation submits this statement for the | FL | | e registered |
| office or r agent. I a | registered ag im familiar wi | ent, or both, in the Sta th, and accept the obl | ate of Florida Such change willigations of, Section 607.0505 | vas authorize 5. Florida Sta | d by tutes | the corpo | corporation submits this statement for the oration's board of directors. I hereby acce | pt the ap | pointment as | registered |
| SIGNATURE | Clarest up bestel | or could same of topicloud | agent and title if applicable | /NOTE: Basistara | 4 4 9 9 | nt pioneture s | equired when reinstating) | DATE | | |
| 12. | | | 13. | u ruja | in eignature is | ADDITIONS/CHANGES TO OFFI | | D DIRECTOR | IS IN 12 | |
| TITLE | PD | | ☐ DELETE | 1.1 1 | 7LE | | | | Change | Addition |
| NAME | FREUND, | | | 1.2 N | AME | | | | | |
| STREET ADORESS | | NCAL LANE | | | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | STD STD | ERS FL 33907 | DELETE | | TY-S | T-ZIP | | ······································ | Change | Addition |
| NAME | DITTMER, | ERED D | L. DECK | 2.1 II | | } | | | La change | ☐ Xadetean |
| STREET ADDRESS | | NCAL LANE | | 1 | | ADDRESS | | | | |
| CITY - ST - ZIP | | ERS FL 33907 | | | | T-ZIP | | | | |
| TITLE | | | ☐ DELETE | 3.1 T | ΠL₹ | | | | Change | Addition |
| NAME | ! | | | 3.2 N | 4 | | | | | |
| STREET ADDRESS |] | | | | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | | | DELETE | | | 7-21P | | | Change | Addition |
| NAME | | | Dett-te | 1 | L HE | | | | C Cuango | L.J Abdilibil |
| STREET ADDRESS | | | | | | ADORESS | | | | |
| CITY-ST-ZIP | | | | 4.40 | s | | | | | |
| TITLE | | | ☐ DELETE | 5.1 1 | _ | | | *************************************** | Change | Addition |
| NAME | 1 | | | 5.2 N | | . | • | | | |
| STREET ADDRESS | | | | 1 | 8 | ADDRESS | | | | |
| CITY-S1-ZIP TITLE | <u> </u> | | ☐ DELETE | | S | T-ZIP | | | Change | Addition |
| HILE NAME | (| | La occere | 6.2 N | 3 | - | | | - Swings | and substituti |
| STREET ADDRESS | | | | | | address | | | | |
| Since i Hopinedio | 1 | | | | T. | | | | | |

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 chapted, or on an attachment with an address.

SIGNATURE:

NONATURE AND WEED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

941.936 9591