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1998 JUN 12 PM 3: 54

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000064023 (9)**

1. Corporation Name

MEDICAL PROVIDERS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**1700 MEDICAL LANE
FT. MYERS FL 33907**

**1700 MEDICAL LANE
FT. MYERS FL 33907**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWERS, NANON L
1700 MEDICAL LANE
FT. MYERS FL 33907**

81 Name

82 Street Address (P.O. Box) **1700 MEDICAL LANE
FT. MYERS FL 33907**

83

158.75 158.75

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REICH, MARVIN	
STREET ADDRESS	1688 MEDICAL LANE STE 2	
CITY-ST-ZIP	FT. MYERS FL 33907	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARVIN Reich	
1.3 STREET ADDRESS	1700 MEDICAL LANE	
1.4 CITY-ST-ZIP	Ft. Myers, FL 33907	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YAPOR, ARACELI	
STREET ADDRESS	1688 MEDICAL LANE STE 2	
CITY-ST-ZIP	FT. MYERS FL 33907	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gez Agolli	
3.3 STREET ADDRESS	1700 Medical Lane	
3.4 CITY-ST-ZIP	Ft. Myers, FL 33907	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Adrian Ginoli	
4.3 STREET ADDRESS	1700 Medical Lane	
4.4 CITY-ST-ZIP	Ft. Myers, FL 33907	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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

Gez Agolli

118/98 1901/278-4447

CR2E034 (10/97)