FILE NOW. FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998 AMENDED

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

FILED
98 MAR 25 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000064023

1. Corporation Name
MEDICAL PROVIDERS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business
1700 MEDICAL LANE
FT. MYERS, FLORIDA
33907

Mailing Address
SAME

3. Date Incorporated or Qualified: 07-12-97
3a. Date of Last Report: 01-12-98

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

4. FEI Number: 65-0767607 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BOWERS, NANON L.
1700 MEDICAL LANE
FT. MYERS, FLORIDA 33907

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 N Bowers
Signature, type 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 D NAME REICH, MARVIN STREET ADDRESS 1700 MEDICAL LANE CITY-ST-ZIP FT. MYERS, FLORIDA 33907	☒ DELETE	11 TITLE PRESIDENT; DIRECTOR 12 NAME HARRY DIFRANCESCO 13 STREET ADDRESS 1700 MEDICAL LANE 14 CITY-ST-ZIP FT MYERS, FLORIDA 33907	☐ Change ☒ Addition
TITLE D NAME VAPAR, ARACELI STREET ADDRESS 1688 MEDICAL LANE Suite "2" CITY-ST-ZIP FT. MYERS, FLA 33907	☒ DELETE	21 TITLE DIRECTOR, VP, ASST SEC 22 NAME TIMOTHY J. PETERSEN 23 STREET ADDRESS 1700 MEDICAL LANE 24 CITY-ST-ZIP FT. MYERS, FLA 33907	☐ Change ☒ Addition
TITLE P/D NAME AGOLLI GEZ STREET ADDRESS 1700 MEDICAL LANE CITY-ST-ZIP FT. MYERS, FLA 33907	☒ DELETE	31 TITLE SEC. / DIRECTOR 32 NAME ANDREW S. PECK 33 STREET ADDRESS 1700 MEDICAL LANE 34 CITY-ST-ZIP FT. MYERS, FLORIDA 33907	☐ Change ☒ Addition
TITLE D NAME GINOLI, ADRIAN STREET ADDRESS 1700 MEDICAL LANE CITY-ST-ZIP FT. MYERS, FLORIDA 33907	☒ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

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*****70.00 *****70.00

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] 3.23.98 941-278-4447
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING OFFICER OR DIRECTOR Date (Daytime Phone #)
Timothy J. Petersen VP.

CR2E034 (9/96)

TOTAL P.02