

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000079835 (9)

1. Corporation Name
GENESIS CENTER, INC.

Principal Place of Business

2520 S. TAMiami Trl.
SARASOTA FL 34239

Mailing Address

2520 S. TAMiami Trl.
SARASOTA FL 34239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2520 S. TAMiami Trl.

Suite, Apt. #, etc.

22 SARASOTA, FL

City & State

23

Zip

24 34239

Country

25 SARASOTA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

65-0799690

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ECK, PHILLIP D
200 S. ORANGE AVE.
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name

Dr. David J. Martin

82 Street Address (P.O. Box Number is Not Acceptable)

3761 Countryside Rd.

83

84 City

SARASOTA, FL.

FL

85 Zip Code

34233

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 of person named in registered office and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DR. David J. Martin

STREET ADDRESS 3761 Countryside Rd.

CITY-ST-ZIP SARASOTA, FL. 34233

TITLE ☐ DELETE

NAME Dr. Gene Meyer

STREET ADDRESS 1310 S. Lakeshore Dr.

CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ DELETE

NAME Whit Banks

STREET ADDRESS 1530 East Brook Drive

CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ DELETE

NAME Gloria G. McCloskey

STREET ADDRESS 4749 Pine Hammock Drive

CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ DELETE

NAME George William McCloskey

STREET ADDRESS 4749 Pine Hammock Drive

CITY-ST-ZIP SARASOTA, FL 34231

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 recorder 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:

4/22/98 941-365-8686

CR2E034 (10/97)