2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000090776 STEPHEN F. SCHOLLE, M.D. P.A.

Country

FILE NOW!!! FEE IS \$150.00

Mailing Address

3. Mailing Address

City & State

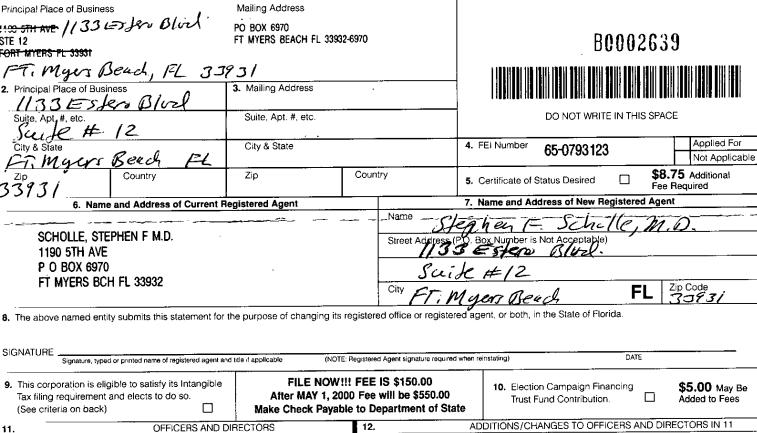
Suite, Apt. #, etc.

FT MYERS BEACH FL 33932-6970

PO BOX 6970

FILED Jan 18, 2000 8:00 am Secretary of State

01-18-2000 90116 012 ***150.00



Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE Delete TITLE 1133 Estero Blod Saite #12 FT. Myers Bend, FL 33831 SCHOLLE, STEPHEN F MD NAME NAME STREET ADDRESS 1190 FIFTH ST #12 STREET ADDRESS CITY-ST-7IP FT MYERS BEACH FL 33931 CITY-ST-7IP ☐ Defete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 of trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment y

SIGNATURE:

Principal Place of Business

2. Principal Place of Business

STE 12

1100 STH AVE //33 ET Jen Blind

133 Estero Bluz

SCHOLLE, STEPHEN F M.D.

FT MYERS BCH FL 33932

9. This corporation is eligible to satisfy its Intangible

1190 5TH AVE P O BOX 6970

FT. Myers Bead, FL 33931

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable