SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S57177** **(5)**

1. Corporation Name
JON F. STROHMEYER, M.D., P.A.

Principal Place of Business	Mailing Address
1020 GOODLETTE RD. SUTIE 100 NAPELS FL 33940	1020 GOODLETTE RD. SUITE 100 NAPELS FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1991
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business
21 702 Goodlette Rd. No.
22 Suite 100
23 Naples, FL
24 34102 Country 25 COLLIER

2a. Mailing Address
26 SAME AS (2)
27 SAME AS (1)
28 SAME AS (2)
29 SAME AS (2) 30 SAME AS (2)

4. FEI Number: 65-0270900 ☐ 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

STROHEMYER, JON F.
1020 GOODLETTE RD
SUITE 100
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 702 Goodlette ROAD No.
83 Suite 100
84 City NAPLES FL 85 Zip Code 34102

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	STROHMEYER, JON F.		1.2 NAME		
STREET ADDRESS	1020 GOODLETTE RD.STE100		1.3 STREET ADDRESS	702 Goodlette Road No., #100	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	STROHMEYER, JON F.		2.2 NAME		
STREET ADDRESS	1020 GOODLETTE RD.STE100		2.3 STREET ADDRESS	702 Goodlette Road No., #100	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (4/97)

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 REQUIRED