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

PROFIT · CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Apr 18 1997 8:00am

Sandra B. Mortham

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS				Secretary of State	
	MENT # S6 OGY CENTER OF		(4)				1000/FB/2 1/0 B/4/0 0/100 1/1/0 B/4/2 1/0	ARAN ARAN DUJU KUNI ARAN ARAN ILA
Mailing Address Mailing Address								
2. Principal Place of Business 2a. Mailing Address						·	3. Date Incorporated or Qualified07/16/19914. FEI Number	3a. Date of Last Report 05/01/1996 Applied For
Suite, Apt.	#, etc.	26 S	Suite, Apt #, etc.				65-0270775 5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
City & Stat		28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	25 9. Name and Addres	29 29 29 29 29 29 29 29 29 29 29 29 29 2		30]	U I I I		This corporation has liability for Etorida Statutes Name and Address of New Re	Yes No
KANDEL, MERRYLEE 528 DEVIL'S LANE NAPLES FL 33940					81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		ole)	
NAPLES PL 33940					83 84 City			
11. Pursuant	to the provisions of Secti	ons 607,0502 and 607.	.1508, Florida Statu	ites, the a		City e-mamed co	rporation submits this statement for the p	FL 85 Zip Code purpose of changing its registered
agent. I a							rporation submits this statement for the patient's board of directors. I hereby acceptions	
12,	Signature typed or printed name OF	of registered agent and title if a FICERS AND DIRECTO		11 - Reg stere		nt signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE NAME V10 STREET ADDRESS	686 N GOODLETTE		DELETE	1.1 I 1.2 M 1.3 S	IAME	ADDRESS	7777	☐ Change ☐ Addition
CITY-ST-ZIP TITLE	NAPLES FL D KANDEL, MERRYLEI	<u></u>	☐ DELETE	2.1 T		1-7IP		Change Addition
STREET ADDRESS CITY-ST-ZIP	696 N GOODLETTE NAPLES FL	RD		2.3 S		ADDRESS		
TITLE NAME			DETETE	3 1 1 3.2 N	AME	-		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE			DELETE		CITY - S	ADORESS IT-7IP		Change Addition
NAME STREET ADDRESS				4.21	1AME	ADDRESS		
CITY-ST-ZIP TITLE NAME			DELETE	4.4 C 5.1 T 5.2 N		I-ZiP		Change Addition
STREET ADDRESS CITY-ST-ZIP				5.3 S		ADORESS I-ZIP		
TITLE NAME			DELETE	6.11 62 N	ITLE IAME			☐ Change ☐ Addition
STREET ADDRESS City-St-Zip					THLET TTY+SI	ADDRESS I - ZIP		

14. To 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 supplymental 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 of the