

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V11294 (8)

1. Corporation Name

BIO-VIM OF NAPLES, INC.



Principal Place of Business

Mailing Address

1010 FIFTH AVENUE SOUTH  
STE 300  
NAPLES FL 33940  
US

P.O. BOX 7369  
NAPLES FL 33941

3. Date Incorporated or Qualified

02/03/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0313408

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOONER, ANTON E.  
1010 5TH AVENUE SOUTH  
STE 300  
NAPLES FL 33940

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

Signature, typed or printed name of registered agent, and title, if applicable. (If registered agent is a corporation, the signature of the president or other officer authorized to execute this report is required.)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE D- President - Treasurer ☐ DELETE

NAME DOONER, ANTON E.  
STREET ADDRESS 1010 5TH AVE. S. STE. 300  
CITY- ST- ZIP NAPLES FL

2. TITLE D- Secretary ☐ DELETE

NAME LEE, NANCY DOONER  
STREET ADDRESS 1010 5TH AVE. S. STE 300  
CITY- ST- ZIP NAPLES FL

3. TITLE D- Vice-President ☐ DELETE

NAME DOONER, JOAN E.  
STREET ADDRESS 1010 5TH AVE. S. STE 300  
CITY- ST- ZIP NAPLES FL

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Anten E. Dooner

4/20/96

941-643-4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)