

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

1

PROFIT CORPORATION
ANNUAL REPORT
1997

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



003 6827

32214

FILED

DOCUMENT # V27833

(5)

1. Corporation Name

BRUCE M. BRIDEWELL, M.D., P.A.

97 JUL -8 AM 9:02

SECRETARY OF STATE



Principal Place of Business
4061 BONITA BEACH, SUITE 103
BONITA SPRINGS FL 33923

Mailing Address
4061 BONITA BEACH, SUITE 103
BONITA SPRINGS FL 34134-4073

New Haven

3. Date Incorporated or Qualified
04/10/1992

3a. Date of Last Report
02/07/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

26 26800 TAMiami TRAIL S.
27 Suite 220
28 Bonita Springs FL
29 34134
30 LEE

4. FEI Number
65-0359656

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

9. Name and Address of Current Registered Agent
CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 Zip Code
85

300002236493-6
07/11/97-01112-025
****165.00 ****165.00
FL

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 (NOTE: Registered Agent signature required when relistings) DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 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
6/10/97 34134

CR2E034 (9/96)

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20 Jun 97

From: Bruce Bridewell M.D. P.A.
FEI# 65-0359656
Document# V27833

TO: ^{FLORIDA} Division of Corporations

* new address: Bonita Bay Medical Centre
26800 Tamiami Trail South #220
Bonita Springs, FL 34134

Tele: 941-992-7822

Subj: Late Corp. Filing Fee

1. As you can note, my office has moved and I did not receive the Annual Report form in time to make the applicable payment. I'm immediately sending the regular fee, and I implore you to excuse the late filing penalty due to extenuating circumstances beyond my control.

Yours truly,


Bruce Bridewell