

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V36013** (3)

1. Corporation Name

NAPLES FAMILY PRACTICE, INC.



Principal Place of Business

**773 4TH AVE. NO.
NAPLES FL 33940**

Mailing Address

**773 4TH AVE. NO.
NAPLES FL 33940**

3. Date Incorporated or Qualified
05/14/1992

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

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28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEINSTEIN, SCOTT WM.
1625 HENDRY STREET
SUITE 201
FORT MYERS FL 33901**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
**DP
JONES, PAUL O.
773 4TH AVE. NO.
NAPLES FL**

1.2 NAME
1.3 STREET ADDRESS

CITY-ST-ZIP
TITLE
NAME
**DT
GALLOPS, MICHAEL
773 4TH AVE. NO.
NAPLES FL**

1.4 CITY-ST-ZIP
2.1 TITLE

STREET ADDRESS
CITY-ST-ZIP
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**DV
HANSON, ROBERT
773 4TH AVE. NO.
NAPLES FL**

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