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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 505899 (5)

95 APR 11 PM 3:31

1. Corporation Name
NAPLES MEDICAL & PROFESSIONAL CENTER, INC.

Principal Place of Business Mailing Address
400 EIGHT STREET NORTH NAPLES FL 33940 **400 EIGHT STREET NORTH NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/25/1976** 3a. Date of Last Report **04/12/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1685288	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 29	Country 30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITTEMORE, DOUGLAS A.
400 8TH STREET NORTH
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

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	CASE, GARY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 8TH STREET NORTH	1.2 NAME	
STREET ADDRESS	NAPLES FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE D	BURKE, EUGENE F.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 8TH STREET NORTH	2.2 NAME	MORRIS, DANIEL J.
STREET ADDRESS	NAPLES, FL 00000	2.3 STREET ADDRESS	400 8TH STREET NORTH
CITY - ST - ZIP		2.4 CITY - ST - ZIP	NAPLES, FL 33940
TITLE DS	BOYNTON, DOUGLAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 8TH STREET NORTH	3.2 NAME	
STREET ADDRESS	NAPLES FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE DP	BUYSSSE, CHARLES	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 8TH STREET NORTH	4.2 NAME	
STREET ADDRESS	NAPLES FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE D	GALBUT, ALAN S.	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 8TH STREET NORTH	5.2 NAME	ADAMSON, DALE B.
STREET ADDRESS	NAPLES FL	5.3 STREET ADDRESS	400 8TH STREET NORTH
CITY - ST - ZIP		5.4 CITY - ST - ZIP	NAPLES, FL 33940
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	WILSON, ROBERT W.
STREET ADDRESS		6.3 STREET ADDRESS	400 8TH STREET NORTH
CITY - ST - ZIP		6.4 CITY - ST - ZIP	NAPLES, FL 33940

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 110.07(3)(b), 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 owner or holder 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: *Charles J. Buyssse, Jr.* **Charles J. Buyssse, Jr. MD** **3/29/95** **813-261-5511**

SIGNATURE AND TITLE OF REGISTERED AGENT OR OFFICER OR DIRECTOR

Date

Telephone Number

505-809

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
7.1	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
7.2	NAME	SHIELDS, PAUL J.	
7.3	STREET ADRESS	400 8TH STREET NORTH	
7.4	CITY-ST-ZIP	NAPLES, FL 33940	
8.1	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
8.2	NAME	SEALS, M. TAITE	
8.3	STREET ADRESS	400 8TH STREET NORTH	
8.4	CITY-ST-ZIP	NAPLES, FL 33940	