

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 505899 (5)

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



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

3. Date Incorporated or Qualified: 06/25/1976
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1685288	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHITEMORE, DOUGLAS A. 400 8TH STREET NORTH NAPLES FL 33940		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code
			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: _____ DATE: _____
Signature type for principal name of registered agent or director. (Type Registered Agent Signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CASE, GARY <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	400 8TH STREET NORTH	12. NAME	Seals, Taite
STREET ADDRESS	NAPLES FL	13. STREET ADDRESS	400 8th Street North
CITY-ST-ZIP		14. CITY-ST-ZIP	Naples, FL
TITLE	D MORRIS, DANIEL J. <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	400 8TH STREET NORTH	22. NAME	Sheilds, Paul
STREET ADDRESS	NAPLES FL	23. STREET ADDRESS	400 8th Street North
CITY-ST-ZIP		24. CITY-ST-ZIP	Naples, FL
TITLE	DS BOYNTON, DOUGLAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 8TH STREET NORTH	32. NAME	
STREET ADDRESS	NAPLES FL	33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	DP BUYSSSE, CHARLES <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 8TH STREET NORTH	42. NAME	
STREET ADDRESS	NAPLES FL	43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	D ADAMSON, DALE B. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 8TH STREET NORTH	52. NAME	
STREET ADDRESS	NAPLES FL	53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	D WILSON, ROBERT W. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 8TH STREET NORTH	62. NAME	
STREET ADDRESS	NAPLES FL	63. STREET ADDRESS	
CITY-ST-ZIP		64. 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 of this report, or in an attachment with an address.

SIGNATURE: DATE: 3/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day, Date, Time, Place #

CR2E034 (12/95)