

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

**APPROVED  
AND  
FILED**

1997 JUN 23 AM 11: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 505899**  
1. Corporation Name  
**NAPLES MEDICAL & PROFESSIONAL CENTER, INC.**

Principal Place of Business <b>400 Eighth Street North Naples, FL 34102</b>	Mailing Address <b>400 Eighth Street North Naples, FL 34102</b>
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3. Date Incorporated or Qualified <b>06/25/1976</b>		3a. Date of Last Report <b>04/18/1996</b>	
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>25</b>	4. FEI Number <b>59-1685288</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>WHITTEMORE, DOUGLAS A.</b> <b>400 8TH STREET NORTH</b> <b>NAPLES, FL 34102</b>				<b>81</b> Name	
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
				<b>83</b>	
				<b>84</b> City	<b>FL</b>
				<b>85</b> 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CASE, GARY</b>		1.2 NAME <b>SEALS, TAITE</b>	
STREET ADDRESS <b>400 8TH STREET NORTH</b>		1.3 STREET ADDRESS <b>400 8TH STREET NORTH</b>	
CITY - ST - ZIP <b>NAPLES, FL</b>		1.4 CITY - ST - ZIP <b>NAPLES, FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MORRIS, DANIEL J.</b>		2.2 NAME <b>SHIELDS, PAUL</b>	
STREET ADDRESS <b>400 8TH STREET NORTH</b>		2.3 STREET ADDRESS <b>400 8TH STREET NORTH</b>	
CITY - ST - ZIP <b>NAPLES, FL</b>		2.4 CITY - ST - ZIP <b>NAPLES, FL</b>	
TITLE <b>D8</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BOYNTON, DOUGLAS</b>		3.2 NAME <b>UNDERWOOD, C. RICHARD</b>	
STREET ADDRESS <b>400 8TH STREET NORTH</b>		3.3 STREET ADDRESS <b>400 8TH STREET NORTH</b>	
CITY - ST - ZIP <b>NAPLES, FL</b>		3.4 CITY - ST - ZIP <b>NAPLES, FL</b>	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BUYSSE, CHARLES</b>		4.2 NAME	
STREET ADDRESS <b>400 8TH STREET NORTH</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>NAPLES, FL</b>		4.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME <b>ADAMSON, DALE B.</b>		5.2 NAME	
STREET ADDRESS <b>400 8TH STREET NORTH</b>		5.3 STREET ADDRESS	
CITY - ST - ZIP <b>NAPLES, FL</b>		5.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILSON, ROBERT W.</b>		6.2 NAME	
STREET ADDRESS <b>400 8TH STREET NORTH</b>		6.3 STREET ADDRESS	
CITY - ST - ZIP <b>NAPLES, FL</b>		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, 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE: **June 20, 1997** DAYLINE: \_\_\_\_\_

CR2E034 (9/96)

100002221101-4  
 -06/24/97--010316--024 addition  
 \*\*\*\*165.00 \*\*\*\*165.00

*Handwritten initials and date:*  
 WSP  
 6/23/97

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

APPROVED *10/19/97*  
AND  
FILED

1997 JUN 23 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V50817 (8)**  
1. Corporation Name  
**NAPLES MEDICAL CENTER, P.A.**

Principal Place of Business <b>400 8TH STREET NORTH NAPLES, FL 34102</b>	Mailing Address <b>400 8TH STREET NORTH NAPLES, FL 34102</b>
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3. Date Incorporated or Qualified <b>07/15/1992</b>	3a. Date of Last Report <b>04/18/1996</b>
4. FEI Number <b>65-0332909</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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**9. Name and Address of Current Registered Agent**

**WHITTEMORE, DOUGLAS**  
**400 8TH STREET NORTH**  
**NAPLES, FL 34102**

**10. Name and Address of New Registered Agent**

81 Name <b>500002221105--1</b>	82 Street Address (P.O. Box Number is No.) <b>0682497--01031--025</b>
83	<b>****165.00 ****165.00</b>
84 City <b>FL</b>	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 reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DS	<input type="checkbox"/> DELETE
NAME	BOYNTON, DOUGLAS	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES, FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BUYSSE, CHARLES	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES, FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MORRIS, DANIEL J.	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES, FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CASE, GARY	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES, FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ADAMSON, DALE B.	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES, FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WILSON, ROBERT W.	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES, FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SEALS, M. TAITE	
13 STREET ADDRESS	400 8TH STREET NORTH	
14 CITY-ST-ZIP	NAPLES, FL	
21 TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SHIELDS, PAUL J.	
23 STREET ADDRESS	400 8TH STREET NORTH	
24 CITY-ST-ZIP	NAPLES, FL	
31 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	ROLAND, RICHARD M.	
33 STREET ADDRESS	400 8TH STREET NORTH	
34 CITY-ST-ZIP	NAPLES, FL	
41 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DREW, DANIEL J.	
43 STREET ADDRESS	400 8TH STREET NORTH	
44 CITY-ST-ZIP	NAPLES, FL	
51 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	BUSER, DAVID P.	
53 STREET ADDRESS	400 8TH STREET NORTH	
54 CITY-ST-ZIP	NAPLES, FL	
61 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	ANAND, PAVAN K	
63 STREET ADDRESS	400 8TH STREET NORTH	
64 CITY-ST-ZIP	NAPLES, FL	

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 of changes. I attach attachment with an address.

SIGNATURE: *[Signature]* DATE: **June 20, 1997**

CR2E034 (9/96)

*150  
6/23/97*