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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 5058QQ

(5)

1. Corporation Name NAPLES ME		SIONAL CENTER, INC.						
Principal Place of Bu	siness	Mailing Address					L BINDIA BINDIA DI	AR BIRI III III III II
400 EIGHT STREET NORTH NAPLES FL 34102		400 EIGHT STREET NORTH NAPLES FL 34102			DO NOT WRITE	IN THIS SF	PACE	
						3. Date incorporated or Qualified 06/25/1976		
2. Principal Place of	Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied F
21		26				59-1685288		Not Applic
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Addition Fee Required
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	30 Co	untry		This corporation owes or has parent Property Tax due June	_	ent year Intangible Yes 🔲 No
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 34102						ARCES SEUTE ss (P.O. Box Number is Not Acceptable of STREET NO	le)	۵
						Ples	FL	85 Zip Code 34/02
11. Pursuant to the positive or register agent. I am familia SIGNATURE	provisions of Servens 607 ad agent or both the s are will and accept the o	0502 and 607.1508, Florida S Staters Florida. Such change v obligations of, Section 607.0508	tatules, the a was authorize 5, Florida Sta	bove-ned by that tutes.	amed corpo e corporatio	ration submits this statement for the p on's board of directors. I hereby accep	urpose of c it the appoin	changing its register ntment as register
Signature	typed or printed name of relieter		(NOTE: Register	ed Agent s	ignature require	d when reinstating)	DATE	
19	OFFICE RO	S AND DIRECTORS	12			ADDITIONS/CHANGES TO OFFICE	EDC AND F	SIRECTORS IN 12

FILED Mar 24 1998 8:00am Secretary of State

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Applied For Not Applicable \$8.75 Additional

11. Pursuant to the provisions of Sexions 607 0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, the Statero Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar will, and accept the obligations of, Section 607.0505, Florida Statutes.									
agent. I am familio with and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature Typod or printed name of religious and fills if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	D	X DELETE	1.1 TITLE	P/B Change A Addition					
NAME	CASE, GARY		1.2 NAME	CHARLES S EYTEL MA YOU STO STREET NORTH					
STREET ADDRESS	400 8TH STREET NORTH		1.3 STREET ADDRESS	YOU STO STREET NORTH					
CITY-ST-ZIP	NAPLES FL		1.4 CITY - ST - ZIP	NAPLES FL 34/02-55(9					
TITLE	D	₩ DELETE	2.1 TITLE						
NAME	MORRIS, DANIEL J		2.2 NAME	JIII V Hickey DPM					
STREET ADDRESS	400 8TH STREET NORTH		23 STREET ADDRESS	JIII V Hickey DPM VOD 8+1 STREET NORTH					
CITY-ST-ZIP	NAPLES FL		2. 4 City-St-ZIP	NAPLES FL 34/02.5519					
TITLE	DS	▼ DELETE	3.1 TITLE	S/O Change K Addition					
NAME	BOYNTON, DOUGLAS		3.2 NAME	POTUGO LA N KOWALMO					
STREET ADDRESS	400 8TH STREET NORTH		3.3 STREET ADDRESS	UND SID CTREET NOLTH					
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP	PATHERINE N KOWALMD 400 8TD STREET NOLTH NAPIES FL 24102-5519					
TITLE	PD	DA DELETE	4.1 TITLE	I A Linande 1∕4 Addition I					
NAME	BUYSSE, CHARLES		4, 2 NAME	GARY & COURTVILLE MD 100 810 STREET NORTH					
STREET ADDRESS	400 8TH STREET NORTH		4.3 STREET ADDRESS	100 810 STREET NORTH					
CITY-ST-ZIP	NAPLES FL		4.4 CITY - ST - ZIP	NAPICS FLA 34102-3519					
TITLE	D	DELETE	5.1 TITLE) ·					
NAME	Seaks, taite		5.2 NAME	TERRACE A HAVIO M.D					
STREET ADDRESS	400 8TH STREET NORTH		5.3 STREET ADDRESS	400 8th STREET NORTH					
CITY-ST-ZIP	NAPLES FL	140	5.4 CITY - ST - ZIP	TERRACE A HAVIO MD 400 8th STREET NORTH NAPLES FLA 34102-5519 Change Addition					
TITLÉ	D	DELETE							
NAME	WILSON, ROBERT W		6.2 NAME	PAUL Shields 120					
STREET ADDRESS	400 8TH STREET NORTH		6.3 STREET ADDRESS	400, 8th STREET IVORIN					
CITY-ST-ZIP	NAPLES FL		6.4 CITY - ST - ZIP	ADUL Shields MD LOO 811 STREET NORTH NAPLES FLA 34102-5519 (ATTACHMENT)					
indicated on this annual report or supplemental annual report is true and accurate and hart my signature shall have the same legal effect as if made under the morniagement and the same legal effect as if made under the morniagement and that my signature shall have the same legal effect as if made under the morniagement and that my signature shall have the same legal effect as if made under the morniagement and that the morniagement and that the morniagement and the m									
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.									

ATTACHMENT TO:

PROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT # 505899

NAPLES MEDICAL & PROFESSIONAL CENTER, INC.

Line 12 - Officers and Directors

D Leslie J. Schultzel, M.D. 400 8th Street North Naples, FL 34102-5519