

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

FILED

Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 505899 (5)
 1. Corporation Name
NAPLES MEDICAL & PROFESSIONAL CENTER, INC.

Principal Place of Business 400 EIGHT STREET NORTH NAPLES FL 34102	Mailing Address 400 EIGHT STREET NORTH NAPLES FL 34102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/25/1976	
4. FEI Number 59-1685288		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent WHITTEMORE, DOUGLAS A 400 8TH STREET NORTH NAPLES FL 34102				10. Name and Address of New Registered Agent 81 Name CHARLES S EYTEL MD 82 Street Address (P.O. Box Number is Not Acceptable) 400 8TH STREET NORTH 83 84 City NAPLES FL 85 Zip Code 34102			
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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]* (NOTE: Registered Agent signature required when reinstating) DATE **17 Mar 98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CASE, GARY			1.2 NAME	CHARLES S EYTEL MD		
STREET ADDRESS	400 8TH STREET NORTH			1.3 STREET ADDRESS	400 8TH STREET NORTH		
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP	NAPLES FL 34102-5519		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MORRIS, DANIEL J			2.2 NAME	Jill Hickey DPM		
STREET ADDRESS	400 8TH STREET NORTH			2.3 STREET ADDRESS	400 8TH STREET NORTH		
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP	NAPLES FL 34102-5519		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOYNTON, DOUGLAS			3.2 NAME	CATHERINE N KOWAL MD		
STREET ADDRESS	400 8TH STREET NORTH			3.3 STREET ADDRESS	400 8TH STREET NORTH		
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP	NAPLES FL 34102-5519		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUYSSE, CHARLES			4.2 NAME	GARY C COURTVILLE MD		
STREET ADDRESS	400 8TH STREET NORTH			4.3 STREET ADDRESS	400 8TH STREET NORTH		
CITY-ST-ZIP	NAPLES FL			4.4 CITY-ST-ZIP	NAPLES FL 34102-5519		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SEAKS, TAITE			5.2 NAME	TERRACE A HAVIG MD		
STREET ADDRESS	400 8TH STREET NORTH			5.3 STREET ADDRESS	400 8TH STREET NORTH		
CITY-ST-ZIP	NAPLES FL			5.4 CITY-ST-ZIP	NAPLES FL 34102-5519		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, ROBERT W			6.2 NAME	PAUL SHIELDS MD		
STREET ADDRESS	400 8TH STREET NORTH			6.3 STREET ADDRESS	400 8TH STREET NORTH		
CITY-ST-ZIP	NAPLES FL			6.4 CITY-ST-ZIP	NAPLES FL 34102-5519 (ATTACHMENT)		

14. I 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 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **3/17/98**

CR2E034 (1097)

ATTACHMENT TO:

PROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT # 505899

NAPLES MEDICAL & PROFESSIONAL CENTER, INC.

Line 12 – Officers and Directors

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