

05081999-90069-011-\$150.00-\$150.00

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FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90069 011 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harrie Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 505899
 1. Corporation Name
NAPLES MEDICAL & PROFESSIONAL CENTER, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1976

4. FEI Number
59-1685288 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing - Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

| | | | |
|--|---------|--|---------|
| Principal Place of Business 400 EIGHT STREET NORTH NAPLES FL 34102 | | Mailing Address 400 EIGHT STREET NORTH NAPLES FL 34102 | |
| 21 | 22 | 23 | 24 |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| Suits, Apt. #, etc. | | Suits, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | | |
|--|----|--|----------|
| 9. Name and Address of Current Registered Agent EYTEL CHARLES 400 8TH STREET N NAPLES FL 34102 | | 10. Name and Address of New Registered Agent | |
| 81 | 82 | 83 | 84 |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL | Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD PRESIDENT <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EYTEL CHARLES | 1.2 NAME | Schultzel, Leslie |
| 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 |
| TITLE | TD TREASURER <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HICKEY, JILL V | 2.2 NAME | Venable, James |
| 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 |
| TITLE | SD SECRETARY <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOWAL, CATHERINE | 3.2 NAME | |
| STREET ADDRESS | 400 8TH STREET NORTH | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COURVILLE, GARY | 4.2 NAME | |
| STREET ADDRESS | 400 8TH STREET NORTH | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAVIG, TERRANCE | 5.2 NAME | |
| STREET ADDRESS | 400 8TH STREET NORTH | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHELOS, PAUL | 6.2 NAME | |
| STREET ADDRESS | 400 8TH STREET NORTH | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 6.4 CITY-ST-ZIP | |

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 thereto, in accordance with all other law applicable.

SIGNATURE:  **PRESIDENT** 5/24/99 1941-649-3311

CR2E034 (1/98)