

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 505899

1. Entity Name

NAPLES MEDICAL & PROFESSIONAL CENTER, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90025 048 ***550.00

Principal Place of Business

400 EIGHT STREET NORTH
 NAPLES FL 34102

Mailing Address

400 EIGHT STREET NORTH
 NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1685288

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EYTEL, CHARLES
 400 8TH STREET N
 NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P;	<input type="checkbox"/> Delete
NAME	EYTEL, CHARLES	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HICKEY, JILL V	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOWAL, CATHERINE	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULTZEL, LESLIE	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAVIG, TERRANCE	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIELDS, PAUL	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Venable, James	
STREET ADDRESS	400 8th Street North	
CITY-ST-ZIP	Naples, FL 34102	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Underwood, Richard	
STREET ADDRESS	400 8th Street North	
CITY-ST-ZIP	Naples, FL 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)