


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 505899 1. Entity Name NAPLES MEDICAL & PROFESSIONAL CENTER, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 SEP 12 PM 3:05

Principal Place of Business 400 EIGHT STREET NORTH NAPLES, FL 34102	Mailing Address 400 EIGHT STREET NORTH NAPLES, FL 34102
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09062007 Chg-P CR2E034 (12/06)


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 S. RICHARD ESTES Street Address (P.O. Box Number is Not Acceptable) NAPLES MEDICAL CENTER 400 EIGHTH STREET NORTH City NAPLES FL Zip Code 34102
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4. FEI Number 59-1685288	Applied For <input type="checkbox"/> Not Applicable
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *S. Richard Estes* SEPT. 7, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P; EYTEL, CHARLES 400 8TH STREET NORTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS/DIR MEDINA, TYRONE 400 EIGHTH STREET NORTH NAPLES, FLORIDA 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KERNS, ALBERT 400 8TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KERNS, ALBERT 400 EIGHTH STREET NORTH NAPLES, FLORIDA 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREVV, DANIEL 400 8TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHIELDS, PAUL 400 EIGHTH STREET NORTH NAPLES, FLORIDA 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYNTON, DOUGLAS 400 8TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 900109712413 <small>09/20/07--01048--005 ***61.25</small> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, KENDALL MD 400 8TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/DIRECTOR WISE, KENDALL 1044 GOODLETTE ROAD NORTH NAPLES, FLORIDA 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASKOWSKI, WILLIAM 400 8TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">  </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kendall Wise* SEPT. 7, 2007 239-262-5400
Signature and typed or printed name of signing officer or director Date Daytime Phone #

KENDALL WISE, PRESIDENT