

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 505899

FILED
Apr 13, 2009
Secretary of State

Entity Name: NAPLES MEDICAL & PROFESSIONAL CENTER, INC.

Current Principal Place of Business:

400 EIGHT STREET NORTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

400 EIGHT STREET NORTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-1685288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTES, S. RICHARD
400 EIGHT STREET NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: MEDINA, TYRONE
Address: 400 8TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: DUNCAN, RAYMOND
Address: 400 8TH STREET N
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: DOUGLAS, HARRINGTON
Address: 400 8TH STREET N
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: BOYNTON, DOUGLAS
Address: 400 8TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: P () Delete
Name: WISE, KENDALL
Address: 400 8TH STREET N
City-St-Zip: NAPLES, FL 34102 US

Title: D () Delete
Name: LASKOWSKI, WILLIAM
Address: 400 8TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENDALL WISE

Electronic Signature of Signing Officer or Director

PRES

04/13/2009

_____ Date