

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **603168** (6)

1. Corporation Name
NAPLES OBSTETRICS & GYNECOLOGY, M.D., P.A.



Principal Place of Business Mailing Address
775 1ST AVE NORTH NAPLES FL 33940

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1971	3a. Date of Last Report 01/31/1995
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	4. FEI Number 59-1361676	Applied For Not Applicable
23. Zip	25. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCLEAN, WALLACE W. 187 9TH AVENUE, SOUTH NAPLES FL 33940				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	FL 85. Zip Code

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		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	1.1 TITLE	1.2 NAME
	PD MCLEAN, WALLACE W. 187 9TH AVE., SOUTH NAPLES FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	ST ADIUTORI, FRANK J. 4181 CUTLASS LN NAPLES FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	V THOMPSON, STEPHEN W. 10315 GULFSHORE DR NO NAPLES FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	V BECKETT, THOMAS A MD 567 DEVIL'S LANE NAPLES FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	V COLLINS, KEVIN J MD 1850 TILLER TERRACE NAPLES FL			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	682 LISMORE LANE
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Frank J. Adiutori, MD* **FRANK J. ADIUTORI, MD** 262-1653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, the Month, & Year

CR2E034 (12/95)