

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

CORPORATION
 ANNUAL REPORT
 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 APR 13 PM 1:56

DOCUMENT # **V50817** (8)

1. Corporation Name
NAPLES MEDICAL CENTER, P.A.

Principal Place of Business Mailing Address
400 8TH STREET NORTH 400 8TH STREET NORTH
NAPLES FL 33940 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/15/1992** 3a. Date of Last Report **04/12/1994**

2. Principal Place of Business 2a. Mailing Address
 21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country

4. FEI Number **65-0332909** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WHITEMORE, DOUGLAS
400 8TH STREET NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits the 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

TITLE	DS
NAME	BOYNTON, DOUGLAS
STREET ADDRESS	400 8TH STREET NORTH
CITY- ST- ZIP	NAPLES FL
TITLE	DP
NAME	BUYSSE, CHARLES
STREET ADDRESS	400 8TH STREET NORTH
CITY- ST- ZIP	NAPLES FL
TITLE	D
NAME	BURKE, EUGENE F.
STREET ADDRESS	400 8TH STREET NORTH
CITY- ST- ZIP	NAPLES FL
TITLE	D
NAME	CASE, GARY
STREET ADDRESS	400 8TH STREET NORTH
CITY- ST- ZIP	NAPLES FL
TITLE	D
NAME	GALBUT, ALAN S.
STREET ADDRESS	400 8TH STREET NORTH
CITY- ST- ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D MORRIS, DANIEL J.
33 STREET ADDRESS	400 8TH STREET NORTH
34 CITY- ST- ZIP	NAPLES, FL 33940
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D ADAMSON, DALE B.
53 STREET ADDRESS	400 8TH STREET NORTH
54 CITY- ST- ZIP	NAPLES, FL 33940
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D WILSON, ROBERT W.
63 STREET ADDRESS	400 8TH STREET NORTH
64 CITY- ST- ZIP	NAPLES, FL 33940

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 as an attachment with an address.

SIGNATURE: *Charles J. Buyaso, Jr.* **Charles J. Buyaso, Jr. MD** 3/29/95 813-261-5511
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OF DIRECTOR

V50817

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
7.1	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
7.2	NAME	SHIELDS, PAUL J.	
7.3	STREET ADDRESS	400 8TH STREET NORTH	
7.4	CITY-ST-ZIP	NAPLES, FL 33940	
8.1	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
8.2	NAME	SEALS, M. TAITE	
8.3	STREET ADDRESS	400 8TH STREET NORTH	
8.4	CITY-ST-ZIP	NAPLES, FL 33940	