

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90017 040 ***150.00

DOCUMENT # V50817

1. Entity Name

NAPLES MEDICAL CENTER, P.A.

Principal Place of Business

**400 8TH STREET NORTH
 NAPLES FL 34102**

Mailing Address

**400 8TH STREET NORTH
 NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0332909

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CUNDIFF, DANIEL R
 NAPLES MEDICAL CENTER ADMIN.
 400 8TH STREET NORTH
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name

Kendall L Wise, MD

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

400 8th St N

City

Naples

FL

Zip Code

34102

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	BOYNTON, DOUGLAS M.D.	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GALBOTE, ALAN M.D.	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, DANIEL J M.D.	
STREET ADDRESS	400 8TH ST NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WISE, KENDALL L M.D.	
STREET ADDRESS	400 8TH ST NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROLAND, RICHARD M M.D.	
STREET ADDRESS	400 8TH ST NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DREW, DANIEL MD	
STREET ADDRESS	11121 HEALTHPARK BLVD., STE. 800	
CITY-ST-ZIP	NAPLES FL 34110	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Venerable, James C., M.D	
STREET ADDRESS	400 - 8th Street North	
CITY-ST-ZIP	NAPLES, FL	
TITLE	GALbut, ALAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schultzel, Leslie MD	
STREET ADDRESS	400-8th St North	
CITY-ST-ZIP	Naples, FL	
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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01 941-649-3350

Date

Daytime Phone #

CR2E034 (10/00)