2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receive changed, or on an attachmen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF D

SIGNATURE:

Mar 06, 2002 8:00 am Secretary of State **DOCUMENT #** V50817 1. Entity Name 03-06-2002 90126 015 ***150.00 NAPLES MEDICAL CENTER, P.A. Principal Place of Business Mailing Address 400 8TH STREET NORTH 400 8TH STREET NORTH NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0332909 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WISE, KENDALL L MD Street Address (P.O. Box Number is Not Acceptable) 400 8TH ST N NAPLES FL 34102 City Zip Code 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. (NQTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE TITLE ☐ Delete Venable, James M.D. NAME BOYNTON, DOUGLAS M.D. STREET ADDRESS **400 8TH STREET NORTH** STREET ADDRESS 400 8th Street North CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 3410Z NAPLES FL ☐ Delete TITLE TITLE VD D NAME NAME GALBUT, ALAN Schultzel, Leslie J., MD STREET ADDRESS STREET ADDRESS 400 8TH STREET NORTH 400 8Th ST North CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 Delete ☐ Addition Change TITLE TITLE D NAME NAME MORRIS, DANIEL J M.D. STREET ADDRESS STREET ADDRESS 400 8TH ST NORTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME WISE, KENDALL L M.D. STREET ADDRESS STREET ADDRESS 400 8TH ST NORTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROLAND, RICHARD M M.D. STREET ADDRESS STREET ADDRESS 400 8TH ST NORTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 Delete TITLE TITLE ☐ Change ■ Addition NAME NAME DREW, DANIEL MD STREET ADDRESS REET ADDRESS 11121 HEALTHPARK BLVD., STE. 800 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ing downot qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information had accivate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to exacute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if other like empowered. 13. I hereby certify that the information supplied with this filiped indicated on this report or supplemental report is true a

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