

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V50817

FILED
Feb 11, 2004
Secretary of State

Entity Name: NAPLES MEDICAL CENTER, P.A.

Current Principal Place of Business:

400 8TH STREET NORTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

400 8TH STREET NORTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0332909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLAND, RICHARD M MD
400 8TH ST N
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: D () Delete
Name: CASE, GARY D
Address: 400 8TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: GALBUT, ALAN
Address: 400 8TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: MORRIS, DANIEL J M.D.
Address: 400 8TH ST NORTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: LISTOE, GREG
Address: 400 8TH ST NORTH
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: ROLAND, RICHARD M M.D.
Address: 400 8TH ST NORTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: MATHIEU, VLADIMIR J
Address: 400 8TH ST 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: D (X) Change () Addition
Name: VENABLE, CAROLYN MD
Address: 400 8TH ST NORTH
City-St-Zip: NAPLES, FL 34102

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 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 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: RICHARD ROLAND MD

P

02/11/2004

Electronic Signature of Signing Officer or Director

_____ Date

THOMAS E PARENT MD DIRECTOR
400 8TH STREET N
NAPLES, FL 34102