
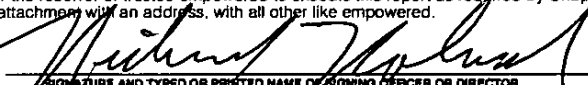


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90301 018 ***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		4. FEI Number 65-0332909			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ROLAND, RICHARD M MD 400 8TH ST N NAPLES, FL 34102			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____			DATE _____				
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CASE, GARY D		NAME	PARENT, THOMAS			
STREET ADDRESS	400 8TH STREET NORTH		STREET ADDRESS	400 8TH STREET, NORTH			
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES FL 34102			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GALBUT, ALAN		NAME	BOYNTON, DOUGLAS			
STREET ADDRESS	400 8TH STREET NORTH		STREET ADDRESS	400 8TH STREET, NORTH			
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES FL 34102			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MORRIS, DANIEL J M.D.		NAME	FRANI, FARHAD			
STREET ADDRESS	400 8TH ST NORTH		STREET ADDRESS	400 8TH STREET NORTH			
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES FL 34102			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VENABLE, CAROLYN MD		NAME	BYASSE, CHARLES, JR.			
STREET ADDRESS	400 8TH ST NORTH		STREET ADDRESS	400 8TH STREET NORTH			
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES FL 34102			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROLAND, RICHARD M M.D.		NAME	COHEN, HARLEY			
STREET ADDRESS	400 8TH ST NORTH		STREET ADDRESS	400 8TH STREET NORTH			
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES FL 34102			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MATHIEU, VLADIMIR J		NAME	DELEON, CESAR			
STREET ADDRESS	400 8TH ST NORTH		STREET ADDRESS	400 8TH STREET NORTH			
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES FL 34102			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 			Richard Roland 4/18/05 239-430-5548				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				

ATTACHMENT

V52817

52043433

Additional Directors - 2005 Annual Report

D
Drew Daniel
400 8th Street, North
Naples, FL 34102

D
Duncan, Raymond
400 8th Street, North
Naples, FL 34102

D
Grossman, Joel
400 8th Street, North
Naples, FL 34102

D
Gudur, Kavitha
400 8th Street, North
Naples, FL 34102

D
Harrington, Douglas
400 8th Street, North
Naples, FL 34102

D
Kerns, Albert
400 8th Street, North
Naples, FL 34102

D
Laskowski, William
400 8th Street, North
Naples, FL 34102

D
Medina, Tyrone
400 8th Street, North
Naples, FL 34102

D
Osborne, Scott
400 8th Street, North
Naples, FL 34102

D
Owens, Alex
400 8th Street, North
Naples, FL 34102

D
Richichi, Joseph
400 8th Street, North
Naples, FL 34102

D
Schultzel, Leslie
400 8th Street, North
Naples, FL 34102

D
Shields, Paul
400 8th Street, North
Naples, FL 34102

D
Underwood, C. Richard
400 8th Street, North
Naples, FL 34102

D
Venable, James
400 8th Street, North
Naples, FL 34102

D
Wise, Kendell
400 8th Street, North
Naples, FL 34102