

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90424 044 \*\*\*150.00

40089831



04232007 Chg-P CR2E034 (12/06)

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0332909		Applied For <input type="checkbox"/> Not Applicable	
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 <u>Galbut, ALAN, MD</u> Street Address (P.O. Box Number is Not Acceptable) <u>400 8th St N</u> City <u>NAPLES,</u> FL Zip Code <u>34102</u>	
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		ALAN GALBUT	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY ST ZIP	D PARENT, THOMAS 400 8TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD GALBUT, ALAN 400 8TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P Galbut, ALAN 400 8th Street North NAPLES FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D MORRIS, DANIEL J M.D. 400 8TH ST NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D VENABLE, CAROLYN MD 400 8TH ST NORTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ROLAND, RICHARD M M.D. 400 8TH ST NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Roland, Richard M 400 8th Street North NAPLES FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D MATHIEU, VLADIMIR J 400 8TH ST NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>See additional list attached</i>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		ALAN GALBUT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Duration: _____	

ATTACHMENT

4008983 1

# V50817

Additional Directors 2007 Annual Report

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

D  
Buysse, Charles **Delete**  
400 8th Street, North  
Naples FL, 34102

D  
Cohen, Harley  
400 8th Street, North  
Naples FL, 34102

D  
Cugini, Christy  
400 8th Street, North  
Naples FL, 34102

D  
DeLeon, Cesar  
400 8th Street, North  
Naples FL, 34102

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  
Harcourt, Karen  
400 8th Street, North  
Naples FL, 34102

ST **Change**  
Harrington, Douglas  
400 8th Street, North  
Naples FL, 34102

D  
Irani, Farhad  
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 **Delete**  
Osborne, Scott  
400 8th Street, North  
Naples FL, 34102

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

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

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