

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V50817

FILED
Apr 12, 2010
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:

GALBUT, ALAN 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: ST
Name: HARRINGTON, DOUGLAS MD
Address: 400 8TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: P
Name: GALBUT, ALAN MD
Address: 400 8TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: D
Name: BALKIN, STEVEN J M.D.
Address: 400 8TH ST NORTH
City-St-Zip: NAPLES, FL 34102

Title: D
Name: IRANI, FARHAD M M.D.
Address: 400 8TH ST NORTH
City-St-Zip: NAPLES, FL 34102

Title: VP
Name: MATHIEU, VLADIMIR J
Address: 400 8TH ST NORTH
City-St-Zip: NAPLES, FL 34102

Title: D
Name: MEDINA, TYRONE MD
Address: 400 8TH ST NORTH
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: ALAN GALBUT

PRES

04/12/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date