

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V50817

FILED  
Mar 21, 2011  
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

**OFFICERS AND DIRECTORS:**

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

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date