2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V50817

Entity Name: NAPLES MEDICAL CENTER, P.A.

FILED Feb 24, 2012 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

400 8TH STREET NORTH NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

400 8TH STREET NORTH NAPLES, FL 34102

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALBUT, ALAN MD PARENT, THOMAS MD 400 8TH ST N 400 8TH ST N NAPLES, FL 34102 NAPLES, FL 34102 US US

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: THOMAS PARENT 02/24/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

LASKOWSKI, WILLIAM MD Name: 400 8TH STREET NORTH Address: City-St-Zip: NAPLES, FL 34102

Title:

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

Title:

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

Title: VΡ

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

Title:

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

Title:

CUGINI, CHRISTY MD Name: 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: THOMAS PARENT, MD **PRES** 02/24/2012