

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90208 013 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

**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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0332909**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WISE, KENDALL L MD  
400 8TH ST N  
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name **ROLAND, Richard M., M.D.**

Street Address (P.O. Box Number is Not Acceptable)  
**400-8TH STREET NORTH**

City **NAPLES** FL Zip Code **34102**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME BOYNTON, DOUGLAS M.D.	
STREET ADDRESS 400 8TH STREET NORTH	
CITY-ST-ZIP NAPLES FL	
TITLE <del>S/D</del>	<input type="checkbox"/> Delete
NAME GALBUT, ALAN	
STREET ADDRESS 400 8TH STREET NORTH	
CITY-ST-ZIP NAPLES FL 34102	
TITLE D	<input type="checkbox"/> Delete
NAME MORRIS, DANIEL J M.D.	
STREET ADDRESS 400 8TH ST NORTH	
CITY-ST-ZIP NAPLES FL	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME WISE, KENDALL L M.D.	
STREET ADDRESS 400 8TH ST NORTH	
CITY-ST-ZIP NAPLES FL	
TITLE <del>S/D</del> P/D	<input type="checkbox"/> Delete
NAME ROLAND, RICHARD M M.D.	
STREET ADDRESS 400 8TH ST NORTH	
CITY-ST-ZIP NAPLES FL 34102	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME VENABLE, JAMES MD	
STREET ADDRESS 400 8TH ST NORTH	
CITY-ST-ZIP NAPLES FL 34102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CASE, GARY D.	
STREET ADDRESS 400 8TH STREET NORTH	
CITY-ST-ZIP NAPLES, FL 34102	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LISTOE, GREG	
STREET ADDRESS 400 8TH STREET NORTH	
CITY-ST-ZIP NAPLES, FL 34102	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MATHIEU, VLADIMIR J.	
STREET ADDRESS 400 8TH STREET NORTH	
CITY-ST-ZIP NAPLES, FL 34102	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PARENT, THOMAS E.	
STREET ADDRESS 800 8TH STREET NORTH	
CITY-ST-ZIP NAPLES, FL 34102	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 M. Roland* RICHARD M. ROLAND, MD 1/31/03 239-649-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)