

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 505899

FILED
Feb 11, 2013
Secretary of State
CC5197746207

Entity Name: NAPLES MEDICAL & PROFESSIONAL CENTER, INC.

Current Principal Place of Business:

400 8TH STREET NORTH
NAPLES, FL 34102

Current Mailing Address:

400 EIGHT STREET NORTH
NAPLES, FL 34102

FEI Number: 59-1685288

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRANKS, MICHAEL
400 8TH STREET NORTH
NAPLES, FL 34102 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name MEDINA, TYRONE
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

Title D
Name DUNCAN, RAYMOND
Address 400 8TH STREET N
City-State-Zip: NAPLES FL 34102

Title ST
Name BOYNTON, DOUGLAS
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

Title D
Name SHIELDS, PAUL
Address 400 8TH STREET N
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name LASKOWSKI, WILLIAM
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

Title D
Name GUDUR, KAVITHA MD
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name OWENS, ALEXANDER DO
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name BIALKIN, STEVE MD
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

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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: TYRONE MEDINA

PRESIDENT

02/11/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CALIFANO, JOSEPH MD
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

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

Title DIRECTOR
Name IRANI, FARHAD MD
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name NEWMAN, DONALD MD
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name UNDERWOOD, RICHARD MD
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name CUGINI, CHRISTY MD
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name GRANATH, ALEKSANDRA MD, PHD
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name MATHIEU, VLADIMIR MD
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name PARENT, THOMAS MD
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name DE LEON, CESAR DO
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102