

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 505899

**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

**Continues on page 2**

*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**

**03/12/2015**

\_\_\_\_\_  
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