

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V50817

FILED
Feb 06, 2020
Secretary of State
6268855057CC

Entity Name: NAPLES MEDICAL CENTER, P.A.

Current Principal Place of Business:

400 8TH STREET NORTH
NAPLES, FL 34102

Current Mailing Address:

400 8TH STREET NORTH
NAPLES, FL 34102

FEI Number: 65-0332909

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARENT, THOMAS MD
400 8TH ST N
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: THOMAS PARENT MD

02/06/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title D
Name IRANI, FARHAD MM.D.
Address 400 8TH ST NORTH
City-State-Zip: NAPLES FL 34102

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

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

Title D
Name CUGINI, CHRISTY MD
Address 400 8TH ST. NORTH
City-State-Zip: NAPLES FL 34102

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

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

Title DIRECTOR
Name CALIFANO, JOSEPH 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: THOMAS PARENT MD

P

02/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name DUNCAN, RAYMOND 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 POLING, PATRICIA MD
Address 400 8TH STREET NORTH
City-State-Zip: NAPLES FL 34102

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