

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V50817

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**1683467427CC**

**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

04/26/2019

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

04/26/2019

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