2007 FOR PROFIT CORPORATION ANNUAL REPORT

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May 02, 2007 8:00 am
Secretary of State

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DOCUMENT # 505899

1. Entity Name
NAPLES MEDICAL & PROFESSIONAL CENTER, INC.

Principal Place of Business	Mailing Address
400 EIGHT STREET NORTH NAPLES, FL 34102	400 EIGHT STREET NORTH NAPLES, FL 34102

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1685288 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EYTEL, CHARLES 400 8TH STREET N NAPLES, FL 34102	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable — If a registered agent signature required when consenting — Date

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P; ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	EYTEL, CHARLES	NAME	Boynton, Douglas
STREET ADDRESS	400 8TH STREET NORTH	STREET ADDRESS	400 8th St. North
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	Naples, FL 34102
TITLE	ST ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	KERNS, ALBERT	NAME	Medina, Tyrone
STREET ADDRESS	400 8TH STREET NORTH	STREET ADDRESS	400 8th St. North
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	Naples, FL 34102
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	DREW, DANIEL	NAME	Shields, Paul
STREET ADDRESS	400 8TH STREET NORTH	STREET ADDRESS	400 8th St North
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	Naples FL 34102
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	DUNCAN, RAYMOND	NAME	
STREET ADDRESS	400 8TH STREET NORTH	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WISE, KENDALL MD	NAME	
STREET ADDRESS	400 8TH STREET NORTH	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LASKOWSKI, WILLIAM	NAME	
STREET ADDRESS	400 8TH STREET NORTH	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ ALBERT KERNS 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Director's Title