2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

DOCUMENT# 505899

Entity Name: NAPLES MEDICAL & PROFESSIONAL CENTER, INC.

Current Principal Place of Business:

400 EIGHT STREET NORTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

400 EIGHT STREET NORTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-1685288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESTES, S. RICHARD
400 EIGHT STREET NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

FRANKS, MICHAEL
400 EIGHT 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: MICHAEL FRANKS 03/21/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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 PRES 03/21/2011
Electronic Signature of Signing Officer or Director Date