

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90536 035 ***150.00

DOCUMENT # **505899**



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

Principal Place of Business
**400 EIGHT STREET NORTH
NAPLES FL 34102**

Mailing Address
**400 EIGHT STREET NORTH
NAPLES FL 34102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1685288**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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;	<input type="checkbox"/> Delete
NAME	EYTEL, CHARLES	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KERNS, ALBERT	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES DEAN, EDWIN	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCAN, RAYMOND	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAVIG, TERRANCE	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWERS, MATHEW P	
STREET ADDRESS	400 8TH STREET NORTH	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 **239-649-3311**
Date Daytime Phone #

CR2E034 (10/02)