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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 603168 (6)
1. Corporation Name
NAPLES OBSTETRICS & GYNECOLOGY, M.D., P.A.

Principal Place of Business

775 1ST AVE NORTH
NAPLES FL 33940

Mailing Address

775 1ST AVE NORTH
NAPLES FL 34102-8005



3. Date Incorporated or Qualified

10/27/1971

3a. Date of Last Report

02/16/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

34102

25

Country

29

Zip

30

Country

4. FEI Number

59-1361676

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLEAN, WALLACE W.
187 9TH AVENUE, SOUTH
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
PD
MCLEAN, WALLACE W
STREET ADDRESS
187 9TH AVE., SOUTH
CITY - ST - ZIP
NAPLES FL

1.2 NAME ☐ DELETE

ST
NAME
ADIUTORI, FRANK J.
STREET ADDRESS
4181 CUTLASS LN
CITY - ST - ZIP
NAPLES FL

1.3 NAME ☐ DELETE

V
NAME
THOMPSON, STEPHEN W.
STREET ADDRESS
10315 GULFSHORE DR NO
CITY - ST - ZIP
NAPLES FL

1.4 NAME ☐ DELETE

V
NAME
BECKETT, THOMAS A MD
STREET ADDRESS
567 DEVIL'S LANE
CITY - ST - ZIP
NAPLES FL

1.5 NAME ☐ DELETE

V
NAME
COLLINS, KEVIN J MD
STREET ADDRESS
682 LISMORE LAND
CITY - ST - ZIP
NAPLES FL

1.6 NAME ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day:me Phone #

4-11-97 941-262-1053

CR2E034 (9/96)