

4-15-98 B 4751 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 603168 (6)  
1. Corporation Name  
NAPLES OBSTETRICS & GYNECOLOGY, M.D., P.A.



Principal Place of Business 775 1ST AVE NORTH NAPLES FL 34102 US	Mailing Address 775 1ST AVE NORTH NAPLES FL 33940
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/27/1971	4. FEI Number 59-1361676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees				

9. Name and Address of Current Registered Agent MCLEAN, WALLACE W. 187 9TH AVENUE, SOUTH NAPLES FL 33940				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE		1.1 TITLE	Change	Addition	
NAME	MCLEAN, WALLACE W			1.2 NAME			
STREET ADDRESS	187 9TH AVE., SOUTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP			
TITLE	ST	DELETE		2.1 TITLE	Change	Addition	
NAME	ADIUTORI, FRANK J.			2.2 NAME			
STREET ADDRESS	4181 CUTLASS LN			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP			
TITLE	V	DELETE		3.1 TITLE	Change	Addition	
NAME	THOMPSON, STEPHEN W.			3.2 NAME			
STREET ADDRESS	10315 GULFSHORE DR NO			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			
TITLE	V	DELETE		4.1 TITLE	Change	Addition	
NAME	BECKETT, THOMAS A MD			4.2 NAME			
STREET ADDRESS	7330 STONEGATE DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			4.4 CITY-ST-ZIP			
TITLE	V	DELETE		5.1 TITLE	Change	Addition	
NAME	COLLINS, KEVIN J MD			5.2 NAME			
STREET ADDRESS	682 LISMORE LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change	Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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 \_\_\_\_\_ FRANK J. ADIUTORI 1398 04/12/98

CR2E034 (10/97)