

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90092 018 ***150.00

DOCUMENT # 603168

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 34102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1971

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11181 HEATH PARK BLVD

2a. Mailing Address

27 Same as left

Suite, Apt. #, etc.

22 1165

Suite, Apt. #, etc.

City & State

23 NAPLES FL

City & State

28

Zip Country

24 34110 25

Zip Country

29 30

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 STEPHEN W. THOMPSON

82 Street Address (P.O. Box Number is Not Acceptable)
5831 CINZANO CT

83

84 City NAPLES FL 85 Zip Code 34119

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

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

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

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

TITLE V
NAME BECKETT, THOMAS A MD
STREET ADDRESS 7330 STONEGATE DR
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE V
NAME COLLINS, KEVIN J MD
STREET ADDRESS 682 LISMORE LANE
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

941-566-3000

Date

Daytime Phone #

CR2E034 (1/98)