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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 603168

NAPLES OBSTETRICS & GYNECOLOGY, M.D., P.A.

Principal Place of Business 775 1ST AVE NORTH NAPLES EL 34102 1

Mailing Address

775 1ST AVE NORTH NAPLES FE 34102

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

04-15-1999 90092 018 ***150.00



DO NOT WRITE IN THIS SPACE	

•						3. Date Incorporated or Qualifed			
						10/27/1971			
2. Principal Pl	ace of Business	2a. Mailing Address	•) I	-	4. FEI Number		ied For	
माधा	HEARTH PARK BLV	be same	as	her		59-1361676		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required			
City & Starte	BR	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 4110 Country Zip			Cour	Country g		8. This corporation owes the current year Intangib		_ 1	
24 <i>り</i> 4 1 <i>U</i> 25 29 30						Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agen	t		
••		,	ļ	81 Name 4	SID	PHEN W. THOMPSON			
	EAN, WALLACE W.	82 Street		82 Street 4	Address (P.O. Box Number is Not Acceptable)				
	9TH AVENUE, SOUTH			5	031	CINZANO ET			
Napi	LES FL 33940	•	ļ	83		· San		• [
			}	84 City a 1		85	∷ Zin £i	nde 🗸	
•	ere.			OILY N	API	にとう FL °°	774	T19	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the at	ove-named	corpora	ation submits this statement for the purpose of chan	ging its r	egistered	
. office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was au'	tnonzed	by the corpo	ration's	s board of directors. I hereby accept the appointment	nt as reg	stered	
agent. i ar	m tamiliar with, and accept the obligation	~	ua Otato	ncs.				ļ	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered	Agent signature re	equired wt	hen reinstating) DATE		—	
12,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	S IN 12	
TITLE	PD	DELETE	1,1 TIT	LE			Change	Addition	
NAME	MCLEAN, WALLACE W	12 N		ME					
STREET ADDRESS	187 9TH AVE., SOUTH			REET ADDRESS		·			
ŀ	NAPLES FL			Y-ST-ZIP					
TITLE	ST ST	DELETE	2.1 TIT				Change	☐ Addition	
	- •	_, 522216	2.2 NA			_	-		
NAME	Abiotoni, rivati o.		REET ADDRESS				}		
STREET ADDRESS	ALAN PO PU			TY-ST-ZÎP	•	والمناج المشجوعات مجولات المحاج الصحا		-	
CITY-ST-ZIP	NAPLES FL	☐ DELETE	3.1 TIT		01		Change	Addition	
TITLE	THOMPSON STEPHEN W		3.1 III		rv	^	-	_	
NAME	THOMPSON, STEPHEN W.								
STREET ADDRESS	10315 GULFSHORE DR NO			REET ADDRESS		·			
C/TY-ST-Z/P	NAPLES FL	☐ DELETE	3.4. CI 4.1 TIT	TY-ST-ZIP			Change	Addition	
TITLE	V PECKETT THOMAS A ME	□ pere ie					50		
NAME	BECKETT, THOMAS A MD		4.2 N						
STREET ADDRESS	7330 STONEGATE DR	•		REET ADORESS				ĺ	
CITY-ST-ZIP	NAPLES FL	☐ DELETE		Y-ST-ZIP			Change	Addition	
TITLE	V	☐ DECEIE	5.1 TIT			. Ш	o lary c	· (
NAME	COLLINS, KEVIN J MD		5.2 NA						
STREET ADDRESS	682 LISMORE LANE			REET ADDRESS					
CITY-ST-ZIP	NAPLES FL			ry-st-zip			Channa	□ A delition	
TITLE		☐ DELETE	6.1 TTT			Ц	Change	☐ Addition	
NAME	,		6.2 NA						
STREET ADDRESS	•	•	6.3 ST	REET ADDRESS					
City-ST-ZIP			6.4 CI	ry-St-zip					
					4 t- 0	-4' 440 07/0V/) Fi1- 04-4-4 1 6-46			

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 informat 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, with all other like empowered.

SIGNATURE:

941-566-3000