

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705904

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** NAPLES COMMUNITY HOSPITAL, INC.

**Current Principal Place of Business:**

350 7TH STREET NORTH  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 727  
NAPLES, FL 34106 US

**New Mailing Address:**

**FEI Number:** 59-0694358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOPER, KEVIN D  
350 7TH STREET NORTH  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: PERKOVICH, JOSEPH I  
Address: 350 7TH ST N  
City-St-Zip: NAPLES, FL 34102

Title: O  
Name: MACDONALD, MARIANN  
Address: 350 7TH ST N  
City-St-Zip: NAPLES, FL 34102

Title: O  
Name: ROONEY, FRANCIS  
Address: 350 7TH ST N  
City-St-Zip: NAPLES, FL 34102

Title: O  
Name: STEDEM, EDWIN  
Address: 350 7TH ST N  
City-St-Zip: NAPLES, FL 34102

Title: PCEO  
Name: WEISS, ALLEN S MD  
Address: 350 7TH ST N  
City-St-Zip: NAPLES, FL 34102

Title: COS  
Name: COOPER, KEVIN D  
Address: 350 7TH ST N  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN D. COOPER

MR.

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date