

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739050

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: COLLIER HEALTH SERVICES, INC.

## Current Principal Place of Business:

1454 MADISON AVE WEST  
IMMOKALEE, FL 34142 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 873  
IMMOKALEE, FL 34143 US

## New Mailing Address:

FEI Number: 59-1741277

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DILLON, WILLIAM  
2618 CENTENNIAL PL  
TALLAHASSEE, FL 32308 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: ST ( ) Delete  
Name: IRIZARRY, DIGNA  
Address: 106 S 1ST STREET SUITE 101  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: C ( ) Delete  
Name: BLACKBURN, DORIS  
Address: 5203 SELBY DRIVE  
City-St-Zip: FORT MYERS, FL 33919 US

Title: VD ( ) Delete  
Name: ALLEN SR, HOWARD  
Address: 430 GAUNT STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: EV ( ) Delete  
Name: WEINMAN, STEVEN D  
Address: 1454 MADISON AVENUE  
City-St-Zip: IMMOKALEE, FL 34142

Title: PCEO ( ) Delete  
Name: AKIN, RICHARD B  
Address: 1454 MADISON AVENUE  
City-St-Zip: IMMOKALEE, FL 34142

Title: VP ( ) Delete  
Name: ARAGONA, SHARON B  
Address: 1454 MADISON AVENUE  
City-St-Zip: IMMOKALEE, FL 34142

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: RICE, RICHARD  
Address: PO BOX 5278  
City-St-Zip: IMMOKALEE, FL 34143 US

Title: T (X) Change ( ) Addition  
Name: OLESKY, EDWARD  
Address: 6001 LAKE TRAFFORD RD  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: S (X) Change ( ) Addition  
Name: HEERS, RICHARD L  
Address: 507 NORTH 18TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: STEELE, SANDRA  
Address: 1454 MADISON AVENUE  
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDRA STEELE

CFO

04/28/2009

Electronic Signature of Signing Officer or Director

Date