2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# 748835

Entity Name: COLLIER COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

1148 GOODLETTE ROAD NORTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1148 GOODLETTE ROAD NORTH
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 51-0202537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARGARET, EADINGTON
1148 GOODLETTE ROAD 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: P ( ) Delete
Name: ANDERSON, CHARLES M.D.
Address: 1148 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102

Title: PE ( ) Delete
Name: CAPUTO, MICHAEL M.D.
Address: 1148 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102

Title: DT ( ) Delete
Name: JOSEPH, GAUTA MD
Address: 1148 GOODLETTE RD NORTH
City-St-Zip: NAPLES, FL 34102

Title: S (X) Delete
Name: JAMES, TALANO MD
Address: 1148 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GAUTA, JOSEPH M.D.
Address: 1148 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102

Title: PE (X) Change ( ) Addition
Name: TALANO, JAMES M.D.
Address: 1148 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102

Title: DT (X) Change ( ) Addition
Name: STANCIU, ALINA MD
Address: 1148 GOODLETTE RD NORTH
City-St-Zip: NAPLES, FL 34102

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

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: MARGARET EADINGTON D 01/11/2008

Electronic Signature of Signing Officer or Director — Date