


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90026 049 ****61.25

DOCUMENT # 770109
 1. Entity Name
MARCO ISLAND HOSPITAL, INC.



40095326



Principal Place of Business
 40 HEATHWOOD DRIVE
 MARCO ISLAND, FL 34145

Mailing Address
 PO BOX 727
 NAPLES, FL 34106

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

04162007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2315435

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, KEVIN
 350 7TH STREET NORTH
 NAPLES, FL 34102-3396

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MORTON, EDWARD A 350 7TH ST. N. NAPLES, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKHART, JOSEPH 40 HEATHWOOD DRIVE MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOLEE, THOMAS MD 350 7TH ST NORTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, RICHARD 350 7TH ST NORTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALLEN, ELIZABETH 40 HEATHWOOD DRIVE MARCO ISLD, FL 34145 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCTD MCGREGOR, JAMES 40 HEATHWOOD DRIVE MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO ALLEN S. WEISS, M.D. 350 7TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice Chair/D STOLEE, THOMAS A. MD 350 7TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/D ADAMS, RICHARD 350 7TH STREET NORTH NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin D. Cooper Date: 4/20/07 Daytime Phone #: 239-436-5100

ATTACHMENT

40095326
#770109

Marco Island Hospital, Inc.
2007 Board of Directors

John L. Patterson
350 7th Street North
Naples, FL 34102
Chairman/Director

Lawrence J. Hocking
350 7th Street North
Naples, FL 34102
Director

Brooks C.B. Wood
350 7th Street North
Naples, FL 34102
Director

Paul Kurtzman
350 7th Street North
Naples, FL 34102
2nd Vice Chair/Director

James B. Kauffman, Jr.
350 7th Street North
Naples, FL 34102
Director

Kevin D. Cooper
350 7th Street North
Naples, FL 34102
General Counsel/Chief of Staff

Al Diaz
350 7th Street North
Naples, FL 34102
3rd Vice Chair/Director

Mary Ann Kline
350 7th Street North
Naples, FL 34102
Director

Gail A. Dolan
350 7th Street North
Naples, FL 34102
COO-North Naples Hospital

Melody A. Kappauf
350 7th Street North
Naples, FL 34102
Secretary

Margaret Lanoix
350 7th Street North
Naples, FL 34102
Director

Phillip C. Dutcher
350 7th Street North
Naples, FL 34102
COO-NCH Downtown Hospital

Pamela Wagner
350 7th Street North
Naples, FL 34102
Assistant Secretary

Robert A. Marks
350 7th Street North
Naples, FL 34102
Director

Vicki D. Hale
350 7th Street North
Naples, FL 34102
CFO/Assistant Treasurer
Brian C.G. Settle
350 7th Street North
Naples, FL 34102
Chief Human Resources Officer

Elizabeth Bozzo
350 7th Street North
Naples, FL 34102
Director

Allen W. Merriam III
350 7th Street North
Naples, FL 34102
Director

Carrie A. Skifton
350 7th Street North
Naples, FL 34102
Chief Nursing & Clinical Officer

David Fenelon
350 7th Street North
Naples, FL 34102
Director

Yvette Saco
350 7th Street North
Naples, FL 34102
Director

Susan B. Wolff
350 7th Street North
Naples, FL 34102
Chief Information Officer

Kevin Fitzgerald
350 7th Street North
Naples, FL 34102
Director

Sal A. Soldano
350 7th Street North
Naples, FL 34102
Director

Judy Gewirtz
350 7th Street North
Naples, FL 34102
Director

Socrates Tseckares
350 7th Street North
Naples, FL 34102
Director