


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 -08:00 AM
Secretary of State

DOCUMENT # G30993 1. Entity Name M.D. AND ASSOCIATES OF NAPLES, INC.	
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Principal Place of Business
6101 PELICAN BAY BLVD.
SUITE #105
NAPLES, FL 34108 US

Mailing Address
6101 PELICAN BAY BLVD.
SUITE #105
NAPLES, FL 34108 US

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2269231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DERCOLE, MARLENE
6101 PELICAN BAY BLVD
NAPLES, FL 34108

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTDV
NAME	D'ERCOLE, MARLENE
STREET ADDRESS	6101 PELICAN BAY BLVD
CITY-STATE-ZIP	NAPLES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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CITY-STATE-ZIP	

1100000222448
02/10/05-80101-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 607, 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:

Marlene D'Ercole
MARLENE D'ERCOLE, PTDV

2-7-05

239-5982275

Date

Daytime Phone #