


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 02, 2006 08:00 A  
Secretary of State**

<b>DOCUMENT # G30993</b> 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
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**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-P CR2E034 (11/05)

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
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**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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDV D'ERCOLE, MARLENE 6101 PELICAN BAY BLVD NAPLES, FL
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03/14/06-80027-016 150.00

**DO NOT WRITE  
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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 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, Pres 2-27-06 239-5982275  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #