2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# H16795

Entity Name: GULF BREEZE OF NAPLES, INC.

Current Principal Place of Business:

1441 RIDGE ST.
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

3060 TAMIAMI TRAIL N. (ATTN: JIM BATES)
SUITE 202
NAPLES, FL 34103 US

New Mailing Address:

1441 RIDGE ST.
NAPLES, FL 34103 US

FEI Number: 59-2436235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109 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: MELI, ROBERT J M.D.
Address: 3060 TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete
Name: SMOCK, DAVID E M.D.
Address: 445 TERRAUNA LANE
City-St-Zip: NAPLES, FL 34119

Title: T ( ) Delete
Name: PAWLUS, JAMES M M.D.
Address: 975 AQUA CIRCLE
City-St-Zip: NAPLES, FL 34102

Title: S ( ) Delete
Name: THEOBALD, MICHAEL R M.D.
Address: 1441 RIDGE ST
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MELI, ROBERT J M.D.
Address: 1441 RIDGE ST
City-St-Zip: NAPLES, FL 34103

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. MELI, M.D. P 05/08/2008

Electronic Signature of Signing Officer or Director Date