

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H16795

FILED
Mar 26, 2009
Secretary of State

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:

1441 RIDGE ST.
NAPLES, FL 34103 US

New Mailing Address:

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:

KANE, JAMES E CEO
1441 RIDGE ST.
NAPLES, FL 34103 US

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: JAMES E KANE

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SMOCK, DAVID E M.D.
Address: 445 TERRACINA LANE
City-St-Zip: NAPLES, FL 34119

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

Title: S (X) Change () Addition
Name: THEOBALD, MICHAEL R M.D.
Address: 1441 RIDGE ST
City-St-Zip: NAPLES, FL 34103

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

03/26/2009

Electronic Signature of Signing Officer or Director

Date