2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2012
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:

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:

KANE, JAMES E CEO
1441 RIDGE ST.
NAPLES, FL 34103 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
Name: MELI, ROBERT J M.D.
Address: 1441 RIDGE ST
City-St-Zip: NAPLES, FL 34103

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

Title: T
Name: SINGER, DANIEL M.D.
Address: 465 PARKHOUSE CT
City-St-Zip: MARCO ISLAND, FL 34145

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

Title: AS
Name: DORIO, PAUL J M.D.
Address: 1817 MEDEA CT
City-St-Zip: NAPLES, FL 34109

Title: AT
Name: VENSEL, ERIC E M.D.
Address: 195 MAHOGANY DRIVE
City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: JAMES E KANE CEO 02/10/2012

Electronic Signature of Signing Officer or Director Date