

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008042

FILED  
Mar 01, 2007  
Secretary of State

**Entity Name:** PHYSICIAN LED ACCESS NETWORK OF COLLIER COUNTY, INC.

**Current Principal Place of Business:**

1148 GOODLETTE ROAD NORTH  
COLLIER, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1148 GOODLETTE ROAD NORTH  
COLLIER, FL 34102

**New Mailing Address:**

**FEI Number:** 20-0477556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LEIFER, LAUREN  
1148 GOODLETTE ROAD NORTH  
NAPLES, FL 34102 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: OFF ( ) Delete  
Name: COLFER, JOAN MD  
Address: 1148 GOODLETTE ROAD NORTH  
City-St-Zip: NAPLES, FL 34102 US

Title: OFF ( ) Delete  
Name: WILLIAMS, BARRY  
Address: 1148 GOODLETTE ROAD NORTH  
City-St-Zip: NAPLES, F 34102 US

Title: OFF ( ) Delete  
Name: EADINGTON, MARGARET  
Address: 1148 GOODLETTE ROAD NORTH  
City-St-Zip: NAPLES, FL 34102 US

Title: DIR ( ) Delete  
Name: LEIFER, LAUREN  
Address: 1148 GOODLETTE ROAD NORTH  
City-St-Zip: NAPLES, FL 34102 US

Title: DIR ( ) Delete  
Name: CALIFANO, JOSEPH M.D.  
Address: 1148 GOODLETTE ROAD NORTH  
City-St-Zip: NAPLES, FL 34102 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: OFF (X) Change ( ) Addition  
Name: KRUMBINE, MARCY  
Address: 1148 GOODLETTE ROAD NORTH  
City-St-Zip: NAPLES, FL 34102 US

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

SIGNATURE: LAUREN LEIFER

DIR

03/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date