# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# N03000008042

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

**Current Principal Place of Business:**

222 INDUSTRIAL BLVD, SUITE 138
NAPLES, FL 34104

**New Principal Place of Business:**

1012 GOODLETTE RD N.
SUITE 201
NAPLES, FL 34102

**Current Mailing Address:**

222 INDUSTRIAL BLDV STE 138
NAPLES, FL 34104

**New Mailing Address:**

1012 GOODLETTE RD. N.
SUITE 201
NAPLES, FL 34102

**FEI Number: 20-0477556** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LEIFER, LAUREN
1148 GOODLETTE ROAD NORTH
NAPLES, FL 34102 US

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

MIKE, ELLIS TREASUR
1012 GOODLETTE RD. N.
SUITE 201
NAPLES, FL 34102 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: MIKE ELLIS 04/28/2009
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: KRUMBINE, MARCY
Address: 1148 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102 US

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

Title: DIR (X) Delete
Name: LEIFER, LAUREN
Address: 222 INDUSTRIAL BLVD STE 138
City-St-Zip: NAPLES, FL 34104 US

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

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

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

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

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

Title: DIR ( ) Change (X) Addition
Name: ELLIS, MIKE
Address: 1012 GOODLETTE RD N. SUITE 201
City-St-Zip: NAPLES, FL 34102 US

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

SIGNATURE: MIKE ELLIS TREA 04/28/2009
Electronic Signature of Signing Officer or Director — Date