

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008042

FILED  
Mar 11, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1012 GOODLETTE RD N.  
SUITE 201  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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 (X)**

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

MIKE, ELLIS TREASUR  
1012 GOODLETTE RD. N.  
SUITE 201  
NAPLES, FL 34102 US

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

EADINGTON, MARGARET CHAIR  
1048 GOODLETTE RD. N.  
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: MARGARET EADINGTON

03/11/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: OFF  
Name: SPELLBERG, MD, DAVID TREAS  
Address: 1012 GOODLETTE ROAD N, SUITE 201  
City-St-Zip: NAPLES, FL 34102 US

Title: OFF  
Name: GAMEL, BETTY SEC  
Address: 1012 GOODLETTE ROAD N., SUITE 201  
City-St-Zip: NAPLES, FL 34102 US

Title: DIR  
Name: CALIFANO, JOSEPH M.D.  
Address: 1012 GOODLETTE ROAD N., SUITE 201  
City-St-Zip: NAPLES, FL 34102 US

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

Title: DIR  
Name: DALY, KELLY  
Address: 1012 GOODLETTE RD N., SUITE 201  
City-St-Zip: NAPLES, FL 34102 US

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

SIGNATURE: MARGARET EADINGTON

OFF

03/11/2010

Electronic Signature of Signing Officer or Director

Date