

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008042

FILED  
Feb 16, 2012  
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 US

**New Principal Place of Business:**

2500 TAMIAMI TRAIL NORTH  
SUITE 212  
NAPLES, FL 34103 US

**Current Mailing Address:**

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

**New Mailing Address:**

2500 TAMIAMI TRAIL NORTH  
SUITE 212  
NAPLES, FL 34103 US

**FEI Number:** 20-0477556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EADINGTON, MARGARET  
1148 GOODLETTE RD. N.  
SUITE 201  
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: C  
Name: EADINGTON, MARGARET  
Address: 1148 GOODLETTE ROAD NORTH  
City-St-Zip: NAPLES, FL 34102 US

Title: T  
Name: SPELLBERG, DAVID M.D.  
Address: 2500 TAMIAMI TRAIL N, SUITE 212  
City-St-Zip: NAPLES, FL 34103 US

Title: S  
Name: GAMEL, BETTY  
Address: 2500 TAMIAMI TRAIL N, SUITE 212  
City-St-Zip: NAPLES, FL 34103 US

Title: DIR  
Name: COLFER, JOAN M.D.  
Address: 2500 TAMIAMI TRAIL N, SUITE 212  
City-St-Zip: NAPLES, FL 34103 US

Title: DIR  
Name: VERNAVA III, ANTHONY M M.D.  
Address: 2500 TAMIAMI TRAIL N, SUITE 212  
City-St-Zip: NAPLES, FL 34103 US

Title: DIR  
Name: DALY, KELLY  
Address: 2500 TAMIAMI TRAIL N, SUITE 212  
City-St-Zip: NAPLES, FL 34103 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

C

02/16/2012

Electronic Signature of Signing Officer or Director

Date