


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90026 050 \*\*\*\*61.25

<b>DOCUMENT # N13981</b> 1. Entity Name <b>COLLIER HEALTH CARE, INC.</b>					
Principal Place of Business <b>350 7TH STREET NORTH NAPLES, FL 34102</b>			Mailing Address <b>PO BOX 727 NAPLES, FL 34106</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0244276</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COOPER, KEVIN 350 7TH ST. NORTH NAPLES, FL 33962</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CRONE, WILLIAM G. 350-7TH STREET, N. NAPLES, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO WEISS, ALLEN S. 350 7TH STREET NORTH NAPLES, FL 34102</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD BRIGGS, DR. JOHN 350-7TH STREET, N. NAPLES, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD WESTMAN, CARL E. 350 7TH STREET NORTH NAPLES, FL 34102</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOT MORTON, EDWARD A. 350-7TH STREET, N. NAPLES, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALLYN, WILLIAM 350 7TH STREET NORTH NAPLES, FL 34102</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRICE, STEPHEN 350 7TH STREET, N. NAPLES, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAKER, JAY H. 350 7TH STREET NORTH NAPLES, FL 34102</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLANTON, DENISE L 350 7TH STREET NORTH NAPLES, FL 34102</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BINDLEY, WILLIAM E. 350 7TH STREET NORTH NAPLES, FL 34102</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D O'QUINN, JAMES W 350 SEVENTH STREET N. NAPLES, FL 34102</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DALTON, SUSAN L. 350 7TH STREET NORTH NAPLES, FL 34102</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____			Date <b>6/4/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

# ATTACHMENT

## NCH Healthcare System, Inc. 2007 Board of Directors

66018468  
# N13981

Paul D. Dernbach, MD  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Kim Ciccarelli Kantor  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Rabbi James H. Perman  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Alberto M. de la Rivaherrera, MD  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Arnold S. Lerner  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Richard Roland, MD  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Linda Flewelling  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Scott Lutgert  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Scot C. Schultz, MD  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

LaVerne Franklin  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Paul J. Marinelli  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Stephen Schwartz  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
1<sup>st</sup> Vice Chair/Director

Thomas J. Gazdic  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Beth A. Martin  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Assistant Secretary

Edwin Stedem  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Secretary/Treasurer/D

Daniel Gill  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Gerri Moll  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Norman Thomson, MD  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Ellin Goetz  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

John M. Morrison  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Kevin D. Cooper  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
General Counsel/Chief of Staff

Kay Gow  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Wayne Mullican  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Gail A. Dolan  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
COO-North Naples Hospital

Francis E. Harrington, MD  
350 7<sup>th</sup> Street North  
Naples, FL 34102

Joseph I. Perkovich  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
2<sup>nd</sup> Vice Chair/Director

Phillip C. Dutcher  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
COO-NCH Downtown Hospital

## ATTACHMENT

**NCH Healthcare System, Inc.**  
**2007 Board of Directors**

Vicki D. Hale  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
CFO/Assistant Treasurer

Brian C.G. Settle  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Chief Human Resources  
Officer

Carrie A. Skifton  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Chief Nursing & Clinical  
Officer

Susan B. Wolff  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Chief Information Officer

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