

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13981

FILED
Jul 03, 2008
Secretary of State

Entity Name: COLLIER HEALTH CARE, INC.

Current Principal Place of Business:

350 7TH STREET NORTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

PO BOX 727
NAPLES, FL 34106

New Mailing Address:

FEI Number: 65-0244276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COOPER, KEVIN
350 7TH ST. NORTH
NAPLES, FL 33962 US

Name and Address of New Registered Agent:

COOPER, KEVIN D
350 7TH ST. NORTH
NAPLES, FL 33962 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: KEVIN D. COOPER

07/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: WEISS, ALLEN S
Address: 350-7TH STREET, N.
City-St-Zip: NAPLES, FL 34102

Title: CD () Delete
Name: WESTMAN, CARL
Address: 350-7TH STREET, N.
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: ALLYN, WILLIAM
Address: 350-7TH STREET, N.
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: BAKER, JAY H
Address: 350 7TH STREET, N.
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: BINDLEY, WILLIAM E
Address: 350 7TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: DALTON, SUSAN L
Address: 350 SEVENTH STREET N.
City-St-Zip: NAPLES, FL 34102

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

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: KEVIN D. COOPER

D

07/03/2008

Electronic Signature of Signing Officer or Director

Date