2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# N13981

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 ( )**

Name and Address of Current Registered Agent:

COOPER, KEVIN D
350 7TH ST. NORTH
NAPLES, FL 33962 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: O
Name: PERKOVICH, JOSEPH I
Address: 350-7TH STREET, N.
City-St-Zip: NAPLES, FL 34102

Title: O
Name: MACDONALD, MARIANN
Address: 350-7TH STREET, N.
City-St-Zip: NAPLES, FL 34102

Title: O
Name: ROONEY, FRANCIS
Address: 350-7TH STREET, N.
City-St-Zip: NAPLES, FL 34102

Title: O
Name: STEDEM, EDWIN
Address: 350 7TH STREET, N.
City-St-Zip: NAPLES, FL 34102

Title: PCEO
Name: WEISS, ALLEN S MD
Address: 350 7TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: COS
Name: COOPER, KEVIN D
Address: 350 SEVENTH STREET N.
City-St-Zip: NAPLES, FL 34102

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: KEVIN D. COOPER MR. 02/22/2011
Electronic Signature of Signing Officer or Director Date